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Original Communications.

ART. I.—*On the Effects of Blisters on the Young Subject.* By JOHN B. BECK, M. D., Professor of Materia Medica and Medical Jurisprudence in the College of Physicians and Surgeons of New York.

IT has frequently struck me that a treatise, describing with the necessary precision, the peculiarities of the effects of medicinal agents on the young subject, as distinguished from their effects on the adult, has long been needed in our profession. As yet I know of no such work. The systems of Materia Medica, valuable and elaborate as they are, and in which we should naturally look for the requisite information, are confessedly deficient on this subject. The consequence is, that the young practitioner who depends upon them, finds himself continually embarrassed in the treatment of the diseases of children, and he is obliged after all, to rely upon the incidental observations gathered from works on general practice, or upon the slow accumulation of his own observation. Even works professedly on the diseases of children, do not supply the want. They indeed specify doses suitable to the age, and now and then give cautions in relation to the use of certain medicines, but they do not enter into the philosophy of the subject as it ought to be engaged upon. It is treated by them more as a matter of enlightened empiricism, than as one founded on sound and rational physiological and pathological principles. In some previous papers, I have endeavored to offer some contributions on this subject, and should they be the means of inducing some experienced hand properly to elaborate it, it appears to me that a greater practical benefit could not be conferred on the profession. On the present occasion, I propose to make *Blisters* the subject of a few remarks.

The first peculiarity attending the operation of blisters on the young subject is, *that they produce their effects in a shorter time than they do in the adult.* This is a fact well known to every practitioner. While in the adult, they do not produce their effects until from eight to twelve or even more hours have elapsed, in the child the same takes place in

from two to six hours. In this respect there is a striking difference between blisters and most other remedies. Emetics and cathartics, for example, do not appear to act with any more rapidity on the child than they do on the adult. Now this fact, of the more prompt action of this class of agents, upon the child, although a simple one, is nevertheless one of great importance, and one which should be continually borne in mind. It has a practical bearing, not merely upon the mode of conducting the process of blistering in young subjects, but also upon the use of it in their various diseases.

The second peculiarity is, *that the local inflammation produced by a blister is greater in the young subject than in the adult.* The reason of this is obvious. In infancy, the skin is more delicate in structure, has greater vascularity, and a higher degree of sensibility; all circumstances favoring the development of greater inflammation. The local impression, accordingly, made by a blister, is not merely more rapidly developed in the young subject, but it is also more intense.

The third peculiarity is that in young subjects *blisters are more apt to be followed by the injurious consequences of inflammation, such as ulceration, gangrene, and even death.* Numerous and melancholy instances of this are to be found on record. Dr. Ryan, speaking of the use of blisters in children, says, "I have seen a blister on the chest followed by sloughing, and an aperture form over the epigastrium, which exposed the subjacent viscera."* Dr. Thompson states, that he "has seen gangrene and death follow the application of a blister on an infant."† Dr. North states that he has "twice known infants destroyed in consequence of the sloughing of blisters, the progress of which could not be arrested."‡ Professor Chapman remarks, that in children a blister "sometimes induces gangrene, as I have witnessed in two or three instances."§ My friend Dr. W. C. Roberts informs me, that he has met with two cases in which children sank under the effects of blisters. Numerous other facts of a similar character might be adduced to show the disastrous effects which sometimes result from the application of blisters to children; and to the minds of many physicians it constitutes a serious objection to their use in their diseases. Dr. Armstrong says, "I have a great dread of the application of blisters to infants, on account of what is called the local and constitutional irritation."‖ Now these occurrences may and do take place also in the adult, but they are comparatively rare, and only under very peculiar conditions of the system. In infants on the contrary, they are by no means uncommon. In any child, however healthy, they may occur from the simple cause of their being left on too long. They are more likely to take place however, in certain conditions of the system or of the skin itself. Thus, for example, in cases where a child is greatly emaciated, or the constitution broken down from various causes, the inflammation of a blister is very apt to become unhealthy in its character, and to be followed by injurious consequences. Then again, where the skin itself is in a diseased state, it is much more likely to happen than in the healthy conditions of that surface.

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* Manual of Midwifery, &c. By Michael Ryan, M D. p. 476.
† Materia Medica. By Anthony Todd Thompson, M. D. Vol. II., p. 535.
‡ Practical Observations on the Convulsions of Infants. By John North, p. 202.
§ Elements of Therapeutics, &c. Vol. II., p. 28.
‖ Lectures, p. 362.

The fourth peculiarity is, *that the constitutional excitement produced by blisters is generally greater in young subjects than in the adult.* That this must necessarily be so is obvious. In all cases, the general excitement must be in proportion to the degree of local irritation and the sensibility of the patient's system. If so, the general vascular and nervous excitement produced in the child by a blister, must, as a matter of course, be greater than in the adult. So powerful indeed is the impression thus made sometimes, that convulsions have been produced from this cause. Dr. North says: "I have frequently seen very severe paroxysms (of convulsions) brought on in consequence of their injudicious and unnecessary application."*

From the whole of the foregoing, it is evident that blisters are much more powerful in their agency upon the young subject than upon the adult. They operate with more rapidity—cause a greater degree of local irritation and constitutional excitement—and their operation is frequently followed by consequences which rarely occur in the adult.

If such be the case, it appears to me that some conclusions may be drawn of no inconsiderable practical importance.

1. If blisters are more powerful in their action upon children than adults, then it would seem to follow that they may be rendered more efficient as a means of cure in their diseases. And such appears to me to be really the fact. In all cases, where their revulsive agency is required, and where they are properly applied, it has struck me, that more decided benefit has resulted from their use in children than in adults, and that too, under circumstances as nearly similar as they well could be. Besides acting more powerfully the rapidity of their operation in children, gives them a great advantage in many cases. We all know that one of the great objections to a blister in the adult, sometimes at least, is the length of time which it takes to produce its effects. In a child this is in a great measure obviated, and we have in a blister not merely a powerful but a comparatively speedy counter-irritant. As remedial agents therefore, in the diseases of children, it seems to me that they ought to hold a high rank. I am aware, that by some an opinion, entirely the reverse of this is entertained. Mr. North, in his valuable work on the Convulsions of Infants, states that he thinks, that except as stimulants, in depressed states of the system, blisters are alogether objectionable in the diseases of children. As revulsives in cases of local inflammation, he regards them as having gained a character which they do not merit, and that in fact they do more harm than good. On this subject he says, "the period at which we apply blisters in local inflammatory affections is not to be forgotten. We first subdue the severity of the disease by other and appropriate remedies, and when it is upon its decline, when in all probability the unassisted powers of nature would successfully perform the remainder of the task, a blister is applied. The patient gets well, notwithstanding the additional pain thus inflicted; and the fortunate result of the case, which is really to be attributed to the measures previously employed, is said to be owing to the good effects of counter-irritation, &c., and the blister gains a character, to which in point of fact it has no claim."† Now all this may no doubt be true in some

* Observations on the Convulsions of Infants. By J. North, p. 209.
† Observations on the Convulsions of Infants. By John North, p. 205—6.

cases, but that it is so generally, can hardly be admitted. It should be recollected, that in the treatment of local inflammations, blisters are only auxiliary remedies. Of themselves, and alone, capable of doing but little, and yet when cooperating with other agents, such as bloodletting, &c., exceedingly powerful and valuable. Every one knows that there are periods and conditions in the career of inflammatory complaints, when bleeding and other reducing remedies have been carried to the fullest extent deemed advisable, and yet sufficient disease may remain, if not to destroy life, yet to render convalescence tedious, or to lay the foundation of subsequent chronic disease. This of course it is all important to obviate. Now it is just under this condition of things that blisters come in with great effect, and frequently break up completely the remaining vestiges of disease, and in this way I look upon them as remedies, acting with more power and efficiency in children even than in adults.

2. From the fact of blisters being such powerful agents, and especially from the fact of their being so liable to be followed by dangerous consequences, more caution is required in their use in children than in adults. Important and valuable as they are and may be made, if properly used, their indiscriminate application cannot be too much reprobated. Just in proportion to the good they are capable of accomplishing under proper circumstances, is the evil which results from them, if heedlessly or injudiciously resorted to. It is to be feared that this is not always borne in mind as it should be. As a general rule, they should never be resorted to, especially in very young children, unless some decided benefit is anticipated from them.

3. The mode of conducting the process of blistering in a young subject is a matter of greater nicety, and should call for the utmost care on the part of the practitioner. As one of the principal causes of gangrene, is the leaving the blister on too long, this is a point which should be specially attended to. To many this may appear a small matter, but it is really one of great moment, and in relation to which I am sorry to say that the directions given in many of our practical works are so discordant, as to be very poor, if any, guides to the young practitioner. By way of illustration, I will quote a few of them. Dr. Armstrong says, "from twelve to sixteen hours is generally sufficient for the application of the blister in adults, and half that period in children."* Dr. Williams says, that "to avoid gangrene in children, it is advisable never to allow the blister to remain on more than six hours."† Dr. Dewees states that "in children, the blister is frequently found to have performed its duty in eight hours, and very often in six. It should therefore, always be examined at these periods, and dressed, if sufficiently drawn; if not, it should be suffered to remain until this take place."‡ Evanson and Maunsell say, "in no instance is the blister to be left on more than a few hours (from two to four)—not longer, in fact, than until the skin is reddened, when vesication will follow; but this result should not be waited for, as attendants always will do, unless the most express directions to the contrary be given."§ Neligan directs that "as a

* Lectures, &c. By John Armstrong, M. D., p. 362.

† Cyclopædia of Practical Medicine. American Edition. Vol. I., p. 529. Art. Counter-irritation.

‡ Practice of Physic. By Wm. P. Dewees, M. D., p. 28.

§ A Practical Treatise on the Management and Diseases of Children. By R. T. Evanson, M. D., and H. Maunsell, M. D., p. 107.

general rule, in infants and young children, blisters should only be left on until redness of the surface is produced, when the application of a warm poultice to the part will cause vesication."* Ballard and Garrod remark, that in children a blister should not be allowed to remain on longer than to produce redness of the surface; and they add, "in very young infants, it has appeared to us doubtful whether even redness should be permitted to occur before its removal."† The foregoing is a sample of the discrepancy of opinion in relation to a most important point of practice, and one confessedly too, not unfrequently involving the life of the young subject, as advanced by authors of the highest respectability, and who may be supposed to exert a wide influence in guiding the practice of young beginners in our profession. The fact is, and this perhaps may account somewhat for the difference of opinion just noticed, that no positive rule can be laid down in relation to the precise time that a blister should be left on a young child. From the original differences in the sensibility of the skin in children, the period must necessarily vary, and the only safe general rule, is to be governed by the actual effect produced. For this purpose the blistering plaster should be raised at suitable intervals and the state of the skin observed. And the safe plan is, according to the directions of some of the authors quoted above, to remove the blister as soon as the surface appears uniformly red, and then to apply a soft poultice. In most cases this will be followed by suitable vesication, while any injurious consequences will be averted.

It is not my intention in this paper to go into the minutiæ of conducting the process of blistering, but there is one other point which I cannot help noticing, and that is, the practice which is so common with some of covering the blistering plaster with dry fly-powder. Although intended to make the blister more potent, it frequently has a directly contrary effect, from the fact that the blister does not adhere so closely to the skin; over and over again have I seen blisters prepared in this way fail in producing the desired effect, although left on even longer than the usual period. Then again, the dry powder is apt to adhere to the skin after the blister is removed, and in this way strangury is more likely to be produced. In one case, according to Ure, sphacelus has occurred from this cause.‡ As apothecaries are very apt to prepare blisters in this way, it is important that practitioners should be on their guard to prevent it. With regard to the dressing of a blister, always a matter of importance to the young subject, and frequently so to the adult, I would call the attention of the reader to a mode very recently recommended by Dr. D. Maclagan, of Scotland, which holds out many advantages over the ordinary method. After leaving the blister on for a suitable time, he applies a poultice of bread and milk for two hours. After discharging the serum, a thick layer of soft cotton wadding is applied over the part, with the undressed or wooly surface next the skin. If in the course of a few hours this should become soaked with the serous discharge from the blister, so

* Medicines, their uses and mode of administration. By J. W. Neligan, M. D., p. 202.

† Elements of Materia Medica and Therapeutics. By Ed. Ballard, M. D., and A. B. Garrod, M. D., p. 457.

‡ A Practical Compendium of the Materia Medica, &c. By Alexander Ure, M. D., p. 31.

much of the cotton may be removed as can be done without disturbing the loose epidermis beneath, and the whole again covered with a dry layer of cotton. This is all the dressing which in general is requisite. The cotton is allowed to stick to the skin of the blistered part, and when a fresh layer of epidermis is formed, which takes place very readily, the old epidermis and cotton come off together, leaving a smooth whole surface below.

The advantages of the above mode, according to Dr. M., are first, "that it renders the blister much less painful and annoying to the patient than when unguents are used. The tenderness in fact is comparatively so trifling, and the protection by the cotton so good," he says, "that I have been enabled without annoyance to the patient to percuss freely, and apply the stethoscope firmly over blistered parts, which had been dressed for the first time only an hour or two previously; secondly, the blisters heal faster under it than under dressings with cerate: for although the cotton may remain adhering for some days, I have generally found, that within twelve hours the patient ceases to feel the blister a source of annoyance. Lastly, it dispenses with the greasy applications so disagreeable to patients of cleanly habits."*

4. To obtain the good and avoid the evils of blisters, it is evident that a nicer discrimination of the conditions of the system is necessary in the use of this class of agents in children than in adults. Long experience has established the fact that it is only under certain states of the system, that blisters can be used with any prospect of advantage. If this be true in the adult, it is doubly so in the young subject, and any mistake in this respect is much more likely to be followed by injurious consequences in the latter than in the former. Now the conditions which influence the effects of these agents, are the state of the skin, and the state of the nervous and vascular systems. With regard to the skin, it may be laid down as a general rule, that when blisters are used as revulsives, the part to which they are applied should be as nearly as possible in a state of perfect health. In this state, the irritation of blistering may be established even in a child with comparative safety. On the contrary, when the skin is in a morbid state, ulceration and gangrene are by no means unusual occurrences. All this is occasionally illustrated in scarlatina and measles. Mr. Pereira mentions that he has seen "two instances of death from the gangrene caused by applying a blister after measles."† My friend Prof. Dunglison, in his valuable work on Materia Medica, states that he has seen "several cases of death manifestly caused by the use of blisters in scarlatina and measles."‡ Other facts of a similar character might be adduced, but the preceding are sufficient to show the tendency which there exists in this state of the skin to take on unhealthy inflammation. And the reason is to be sought for in the changed condition of the skin. During the febrile stage of these diseases the skin is preternaturally injected and excited. As soon as the fever subsides and the eruption recedes, the skin is left in a state of debility—a state in which, as we all know, inflammation is very likely to terminate unfavorably. I hope it may not

* Edinburg Monthly Journal of Medical Science, May 1847, p. 834.
† Materia Medica, Vol. II., p. 775. American Edition.
‡ Vol. II., p. 219.

be inferred from the preceding, that I mean to express the opinion that blisters ought never to be used in such cases as measles and scarlatina—but the possible occurrence of such consequences ought to make us exceedingly cautious about the manner of using them, and indeed ought to deter us from using them at all, unless under a manifest necessity. In every case, therefore, before applying blisters to young children, the condition of the skin ought to be attended to.

With regard to the state of the system, this is even still more necessary to be inquired into. Indeed this is all important, if we hope to realize any of the expected benefits from these agents. Now there are two states of the system almost equally unpropitious to their use—and these just the reverse of each other. The first is that in which high inflammatory excitement is present. That this is unfavorable to the legitimate operation of a blister as a revulsive, is obvious, if we reflect for a moment upon the effects of this agent. These are, local irritation and general excitement. Now in all cases where an internal inflammation exists, the difficulty of resolving it by any means will be proportioned to the degree of general excitement accompanying it. If a blister be applied where this general excitement is already very great, one of the necessary consequences will be to augment this so greatly as to counteract, in a greater or less degree, according to circumstances, the beneficial effects of the blister as a revulsive. Under this condition of things, the internal inflammation will be aggravated instead of abated, in consequence of the increase of general excitement. Hence the fact has been generally observed, that if blisters are applied in the early periods of inflammatory complaints, or before suitable evacuations have been resorted to, they frequently do more harm than good. They merely add fuel to the fire.

On the other hand, a state of great constitutional exhaustion and emaciation is also unfavorable to their operation. The reason here, however, is entirely different from that in the preceding case. The danger here is that from the impaired state of the vital energies, the local inflammation of the blister may be followed by ulceration, gangrene and death. In the use of blisters, therefore, both these extremes should be carefully avoided. With regard to the condition most propitious to their use, it is that in which the general excitement is rather below than above the natural standard. When this is the case, there is less danger from any increase of excitement, while the system is in the state most favorable to the transfer of irritations from one part to another. Now all this is applicable to the adult, and we can easily see how much more so it must be in the case of the irritable and sensitive infant.

5. In the use of blisters in children, especial reference should be had to the peculiarities of their temperament and constitution. This is more important perhaps than it may at first sight appear. Every practitioner must have observed the extreme suffering which adults sometimes undergo from the irritation of blisters. In nervous and irritable habits I have myself seen a state of things thus induced, little short of phrenzy. In children of nervous temperaments all this is much more likely to happen, and accordingly greater caution should be exercised.

If the foregoing conclusions be founded in truth, they would seem at

once to expose the impropriety of the practice of resorting to the use of blisters on every trifling occasion, in the management of the diseases of children. There is an opinion prevalent—how it has originated I know not, that blisters are innocent remedies—if they do no good, they can do no harm. Now this is unquestionably a great error, and has been productive of vast mischief. Independently of the unnecessary suffering which they may occasion, they sometimes produce death by the manifest causes of ulceration and gangrene, while in others they insidiously aggravate the disease they were intended to relieve.

ART. II.—*Proceedings of the Brooklyn Medical Association.*—(Prepared by Drs. MITCHELL, CRANE and TRASK, a committee appointed for the purpose.)

FIRST REGULAR MEETING, December, 1847.

DR. HENRY read a paper of which the following is an abstract:

During the month of September, C. D., a girl aged 10 years, while convalescing from a severe attack of remittent fever, was seized suddenly with pain in the gastrocnemius muscle of the left leg, occupying all the fleshy portion, with loss of motion and extreme pain on any attempt at moving the limb. There was great irritability and night sweats, for which 1 gr. sulph. quinine was prescribed every 4 hours. The amendment of the symptoms was thenceforth rapid, all the functions were properly performed, and the leg which had hitherto been immovable, could be drawn up to the abdomen with ease.

After several days, (Nov. 26), all the symptoms returned in an aggravated degree. There was so exquisite a tenderness to the touch as to cause a dread of the approach of any person to the bedside; the sensitiveness not being confined to the seat of original attack, but involving the whole limb from the hip to the toes, and also the inguinal glands, which were slightly enlarged and excessively tender; the pain much increased on any disturbance of the limb. The whole limb was much enlarged, the skin natural in appearance and temperature; appetite good, bowels regular, tongue slightly red and smooth, pulse 100, no thirst.

November 27. Limb enlarged to double the size of the other, although the pain and tenderness are confined to no particular portion of the limb, yet she points to the glands of the groin as the part at which motion produces excruciating torture; the color of the affected limb was perhaps a little whiter than that of the sound one, and there was not the slightest redness at any point; no œdema. She complained of some pain in the right hip-joint on motion, and on examining the spine some tenderness was detected in the lumbar region, due perhaps to long confinement to the recumbent posture; pulse 112; in other respects same as day before. Up to this date, frictions with camphorated oil, when they could be borne, had been freely employed; and opiates freely administered. Ung. hydrar. was then directed to be rubbed into the limb.

November 28. Comparatively comfortable; no pains except when moved.

December 1. Limb still tender to touch, and in other respects remains as before; passed a restless night; pulse 140, soft and regular. From the constantly progressive increase of irritability the prognosis was considered at this date rather unfavorable. Two grains of quinine were directed every four hours, and a nutritious diet ordered. At no time had the movements of the limb been voluntary.

From this period the amendment was slow but uninterrupted; the power of motion returning so slowly that the patient was unable to walk without support before the beginning of March.

At the present date, 16 months from the attack, the leg has recovered its natural size, but there is diminished freedom of motion from partial anchylosis of the hip-joint; the general health is good.

The father of this patient, who had an attack of remittent fever about the same time, suffered during his convalescence from a similar swelling of the left lower extremity, the pain commencing in the gastrocnemius muscle. This yielded in a few days to simple treatment and the recovery was complete.

The symptoms corresponded in both these cases with those of *phlegmasia dolens* of puerperal females, and Dr. Henry is of the opinion that they were genuine examples of that affection.

Dr. Mitchell reported the following case as another example of phlegmasia dolens after fever:

A lady, convalescent from typhus fever, was attacked with acute pain in the calf of the left leg, attended with considerable heat of skin and acceleration of pulse. The part became hot, swollen and hard without change of colour. The *hardness* resembled that of lead, and occupied the whole bulk of the gastrocnemius muscles. There was tenderness in the popliteal space, and in the left iliac region. Partly from the pain caused by motion, and partly from want of power over the muscles the use of the limb was lost. After five days these symptoms began to abate, but lameness continued for several weeks afterwards.

Dr. Trask reported the following:

A. T., æt. 6 months, was healthy for the first two months after birth, after which time it began to lose its appetite and flesh, neither of which it regained. About July 15th it had an attack of vomiting and diarhœa which yielded to simple remedies. At this time the mother observed a red spot like a pimple just below the right clavicle, and also dark-colored, ecchymozed patches, feeling hard under the finger, on the back between the shoulders, and on the left elbow and a few upon the lower extremities. The appearance of these spots remained unchanged until July 30th, when the diarrhœa returned, accompanied by frequent green discharges and tenesmus, but no vomiting.

Coincident with this relapse, the spot below the clavicle began to increase rapidly in size and by August 1st, it formed a tense, insensible globular swelling of a dark blue color reaching about an inch and a half above and below the clavicle, and encroaching upon the region of the trachea, with an abrasion of the cuticle in the centre of the size of a half dime. The tumors on the back, some eight or ten in number, varied in size from a pea to a nut, were slightly, if at all ele-

vated above the surrounding skin, feeling under the finger like inflamed lymphatic glands. Similar spots, of the same blue colour, and others of a greenish-yellow, were seen on the trunk and extremities. The patient was at that time exceedingly prostrated, with the pulse 160.

The swelling upon the neck appearing to be gangrenous, a yeast poultice was ordered; also hydrarg. c. creta and pulv. dov., cum sesqui carb. ammon.

Aug. 2. The tumor was discharging pretty freely a sanious offensive fluid from the opening in the apex. The discharge continued offensive until death, which took place next day; the whole tumor had become much softened and would probably have entirely sloughed off had the patient survived sufficiently long.

"The spots of purpura," says Wilson, "are usually seated in the superficial layer of the dermis, more rarely the extravasation takes place beneath the epidermis, and in *some cases* ecchymoses are found in the *subcutaneous cellular tissue.*" No post mortem examination could be obtained; but it is evident that from the age of two months, some source of irritation existed, probably intestinal, by which the system was debilitated, and that the morbid state of the capillary system thus induced, was made manifest by the extravasation of blood into the subcutaneous cellular tissue.

Dr. McMellen reported a case of hæmatocele, occurring in a U. S. soldier several years since, which yielded very happily to treatment.

Dr. Morse reported a case of *placenta prævia.*

Dr. Betts read a communication upon the employment of blisters in erysipelas. When applied to the margin of the inflamed surface the further extension of the disease is prevented, and when applied to the inflamed surface itself, he has in every case found the cure very speedy. In one instance, as an experiment, he applied strips of blistering plaster around a limb with intervening spaces uncovered; the blistered portions were cured, and the unblistered surface being subsequently vesicated, yielded with equal promptness. Dr. Betts has observed two circumstances connected with blisters in erysipelas; 1st. There is little or no pain. 2d. The surface heals with rapidity.

Regular Meeting, February.

Dr. Trask exhibited the stomach of a man who committed suicide by taking arsenic. About one o'clock in the morning of January 25th 1846, Dr. Morse was called to J. I., whom he found in the following condition: the extremities cold, the face livid, eyes turned upward with lids half closed, jaws firmly locked, respiration becoming rapidly feeble. He had a few moments before confessed that he had taken poison.

Autopsy 57 hours after death. The whole muscular system in a state of great rigidity, the parietes of the abdomen tense and unyielding as a board. Expression of countenance placid, omentum healthy, no appearance of inflammation of peritoneal surface of the stomach, veins about the greater curvature fully distended, stomach contained three pints of water mixed with gray, stringy mucus. Its villous coat was generally injected and considerably corrugated, and in many places very much softened. There were three or four irregular bands nearly parallel, $\frac{3}{4}$ inch in width running in the course of the curvature of the stomach looking like wheals, caused by a very considerable thicken-

ing of the mucous coat, and of a bright red color. Numerous spots of a brownish-black were sprinkled over the surface, consisting probably of altered blood effused into the texture of the villous coat. The *duodenum* was much softened in its whole length and could be easily perforated by the finger, its mucous coat much thickened and could be pealed off by the finger nail. Mucous membrane throughout the intestinal track much corrugated, pretty generally softened and in many places sensibly thickened. An abundance of beautifully-arborescent vessels were observed, more especially in the ileum. The cœcum presented a very dark livid appearance from effusion of blood beneath the mucous coat, an appearance that may have been caused by the intemperate habits of the subject. Heart, lungs, and liver apparently healthy.

The deceased was a Scotchman, æt. 30 years, by profession a stuffer of natural history specimens, and had a paper of arsenic in the house. Some time between one and three, P. M., on the day after a debauch, he sent for a pint of beer and drank it. Almost immediately afterward vomiting commenced and continued with intervals of ease, until his death, which occurred at one o'clock, A. M., not over 12 hours from the taking the poison. During this interval he was constantly swallowing large draughts of water which was soon thrown up. Notwithstanding the stomach had been thus washed out, the fluid obtained from it afforded most abundant evidence of the presence of arsenic. None of the white grains were discoverable in the stomach, but at the end of a week, the duodenum was found colored with the yellow sesqui-sulphuret of that metal. The amount taken is unknown. The case is interesting from the extent of the lesions produced by the action of the irritant.

Dr. Swift reported a case of *fistula in ano.*

Dr. Swift also gave an account of a hydatid testis with hydrocele which had been under his observation.

Dr. McMellen reported a case of vicarious menstruation, the discharge taking place from the rectum.

Regular Meeting, March 7th, 1846.

Dr. Morse reported two cases of puerperal fever of which the following is an abstract:

Case 1.—October 31st. Mrs. M. was confined under the care of a midwife, after a protracted labor of her third child. She rose from her bed soon after the removal of the placenta, scrubbed the floor, walked some distance into an open lot and returned to bed. She was almost immediately afterward seized with chills alternating with flushes of heat, which increased in severity until seen by Dr. Morse, about twenty-four hours after delivery. She lay upon the back with the lower extremities flexed upon the body, tossing from side to side, impatient of all covering, incoherent, having a wild and irrational expression of the eyes, delirious, yet capable of returning answers to direct questions. She complained of excruciating pain in the head, back and hypogastrium. The abdomen was somewhat enlarged and tender upon pressure; there had been no uterine discharge since confinement. The skin was hot and moist, the tongue slightly coated with a white fur in the centre with red edges and apex; there was occasional nausea, loss of appetite, an almost unremitting hiccough, bowels costive, and suppression

of urine. The pulse was 148, full and hard, respiration hurried. She manifested great aversion to her child; the breasts were tolerably filled with milk.

Desiring to learn if any injury had been done by malpractice, he passed his hand into the vagina, and found the os uteri firmly contracted and so exquisitely sensitive that she was thrown into a momentary convulsion by an attempt to circumscribe it with the finger. She was bled to approaching syncope and ordered a cathartic of cal. and jalap, hot salt to the abdomen, and warm diluents.

November 1.—9 o'clock A. M., (11 hours afterward), much better, has been purged freely, pulse 130, soft and compressible, skin moist, less tenderness on pressure, urine free, breasts well filled, child nurses, but she takes little notice of it, complains of weakness and want of sleep. Blood drawn presented marked appearance of inflammation. Ordered suppository of opium, hot salt to be continued.

7 P. M. every thing favorable—slept well.

At 11 P. M., the doctor was sent for. There was violent jactitation, loud screamings, sleep broken by hideous apparitions, agonizing pain in head, back and hypogastrium. V. S. to ℥ xxx. from a large orifice, saline cathartics and hot salt from which she had derived great relief.

November 2.—9 A. M. A great change, pulse 110, and all symptoms subdued from the commencement of the operation of the cathartic, ordered a Dover's powder, and the hot application to be continued. Under aperients and occasional anodyne enemata, her convalescence was rapid.

Case 2. Mrs. Mc. was delivered Dec. 19th after a protracted labor in which ergot had been administered. She had been very thirsty for some hours before the child was born.

December 20.—11 A. M. Her thirst insatiable, otherwise comfortable, very slight after-pains, lochia profuse.

10 P. M. Pulse 130, somewhat hard, tongue slightly furred in centre, lochia profuse, bowels had not been moved for five days before labor. —V. S. ℥ xx., and a purge of cal. and jalap.

21st.—9 A. M. No alvine dejection, sharp pains in left lumbar region; abdomen enlarged and somewhat tympanitic and intolerant of pressure; tongue has thick white fur, thirst more urgent, suppression of urine and perspiration; pulse 104. Saline cathartics and anodyne enemata.

8 P. M. Had free vomiting of blackish bile; medicines not operated; abdomen less tender; pulse 100. Has taken also ol. ricin. Blood deeply cupped, but little buffed. Lochiæ continue, contin. cathartics.

22d.—10 A. M. Increased pain in lumbar region and greater abdominal tenderness.

6 P. M. Pulse 106 and very hard, spirits depressed, pain and tenderness increased; frequent vomiting. V. S. ℥ xxx., with much relief. Ordered hirud, xviii., and saline cathartics, hot fomentations of hops.

23d. She was decidedly better; relapse however ensued; the doctor's directions were disregarded, and she died on the 28th from her own perverseness and the mistaken kindness of friends.

Dr. Crane read a paper upon the subject of puerperal fever, detailing numerous cases, from which were drawn the following propositions:

Prop. 1. Erysipelas and puerperal fever are concurrent affections, or prevail at the same time epidemically.

Prop. 2. Puerperal fever frequently receives its origin from an ani-

mal poison communicated from persons affected with gangrene, typhus, and chiefly erysipelas.

Prop. 3. Puerperal fever once set up, is again capable of imparting to any person not in the puerperal state, the following, viz.:

1*st.* Inflammation of the peritoneum or other membranes, accompanied by ataxic form, both in the male and female subject.

2*d.* Erysipelas; local, as in the hand or arm, from post-mortem inspections; or general, as in the face or person.

3*d.* Typhus fever with its various accompaniments, and in a variety of forms.

Prop. 4. Erysipelas and puerperal fever frequently co-exist in the same person at the same time.

Prop. 5. These affections are produced and reproduced by direct inoculation with fluid of the living and the dead; by effluvia arising from bodies of the sick, or carried about by the person of the physician or nurses; by clothes or bedding, (fomites) which have been in contact with a diseased individual.

Dr. Morse reported the following:

He was called to a woman about four months pregnant, and found her suffering from intensely severe pains, which in every respect simulated those of parturition. Before these could be relieved, he administered several grs. of morphine. Within six days the fœtus was expelled dead.

Dr. Crane inquired if the death of the fœtus had not probably been caused by the large amount of morphine which the patient had taken; instancing a case occurring in the practice of a friend of his, in which the occurrence of abortion was attributed to the employment of opium pills. Dr. C. was inclined to think that Dr. M's. case was one of rheumatism of the uterus. Neither of the other gentlemen present had ever seen any similar influence of opium on the fœtus, and the practice pursued by Dr. Morse was approved by all.

Regular Meeting, May, 1846.

Dr. Betts read a paper upon venesection in the cold stage of intermittents. Dr. B. resides in the eastern section of Brooklyn, which, with the neighboring country, is prolific in intermittent. His practice has uniformly been to resort to venesection in the cold stage, and with most gratifying success. From experience he has found the best course to be the following: first, to prescribe a mercurial alterative, followed by a mild cathartic, thoroughly removing morbid secretions of the stomach and bowels, and in some cases an emetic also; afterward, to bleed during the first part of the cold stage, until the chill is nearly or quite broken. Dr. Mackintosh preferred bleeding from a large orifice. Dr. Betts prefers a small orifice; since though an impression is made upon the system sooner by the former practice, Dr. B. conceives that the curative effects are not so satisfactory as when the blood is drawn slowly. Dr. B. follows up venesection by quinine and Jamaica ginger or black pepper.

Dr. Crane read the following case of abscess of the cervix uteri:

Mary Graham applied for relief at the Northern Dispensary, July 26th, 1844. Complains of leucorrhœa and of the usual symptoms which accompany it. Was delivered five years since by instruments of a still born child, since which time she has been in bad health. Com-

plains of constant pain in the back and bottom of the belly, which is only relieved by taking the recumbent posture. The catamenia appear regularly every month, but are very scanty, after which she is troubled with distressing cephalalgia for three or four days. The menstrual discharge is not continual, but appears at intervals. Soils but a single napkin, and the actual discharge continues but a few hours.

By the touch the cervix uteri is found to be irregular and nodulated. On its posterior wall, a distinct circumscribed hardness of the size of a small bullet is recognized. By the rectal touch, the body of the uterus is found to be enlarged, and anteriorly towards the left side induration and fulness are also felt.

By the speculum the cervix is seen to be irregular and knobbed as to form, and to fill completely the mouth of the instrument, (Madame Boivin's). The mucous membrane covering it is smooth, shining, and of a pale rose color, excepting a nodule on the edge of the os, which was of a bluish color. No traces of the lips forming the os can be found. The os is a mere circular pin-hole, scarcely admitting the blunt end of a probe, and through it is oozing a dark-viscid bloody drop of fluid. The whole os seems to be obliterated, with the exception of this minute central aperture; and the cicatrix formed by the union of its edges is evident by a bluish line which is seen to extend from the edge of the foramen. Introduced metallic flexible bougie, No. 1, with difficulty.

August 4. Immediately upon introducing the speculum, pus of an exceedingly fetid character and mixed with blood, is discovered issuing from the os uteri. Upon pressing the instrument against the cervix, it escapes in large quantities, (one ounce at least). It is increased by coughing, and the withdrawal of the bougie is followed by a gush of matter. The cervix is now quite flabby. Its anterior wall is pale, and smaller than the posterior, which is more livid. By touch the circumscribed hardness of the posterior wall is found to have disappeared. The uterus is not enlarged above the pubis, nor is there any abdominal disease.

August 15. Has had a good deal of pain for a few days in the pelvic region, accompanied with dysury. The menses have not appeared as yet. *Speculum.* The lividity and flaxidity of the cervix continue. Pus of the best kind is seen escaping from the os, which is yet a mere pin-hole, and admits bougie, No. 3. When the bougie has passed to the distance of half an inch, it is strongly grasped, and the cervix can be drawn forward and pushed backward like a flaccid bag by it. The size of the cervix is diminished one half, and does not fill the mouth of the speculum even when in a collapsed state.

August 21. The patient has been menstruating some days without pain, and much more copiously than for five years past. The menstrual fluid mixed with mucus is now passing the os. Introduced bougie, No. 1, $1\frac{1}{4}$ inch, when it struck against a fleshy base. Bougie, No. 3, passed with some little difficulty the same distance, but is strongly grasped on extraction. No. 5 cannot be introduced. Applied nit. argenti over the cervix and within the os.

August 30. Thick pus is still issuing from the os. Bougies, No. 7, and ultimately No. 10, were readily passed through the cervix, and followed by the introduction of caustic within the neck.

Patient did not return again.

An interesting conversation took place upon the employment of ergot in labor, and several instances were related of the supposed deleterious influence of this medicine upon the fœtus. Dr. Crane stated, that if ergot be given in small and oft-repeated doses, it will increase the intensity of the regular contractions of the uterus without exciting the characteristic pains which ergot produces when given in the ordinary doses.

Dr. MITCHELL read a paper upon vaccination as a prophylactic, and on the propriety of revaccination, for the purpose of arresting epidemics, smallpox, &c. He also showed the superiority of vaccination over inoculation in preventing the extension of this formidable disease.

REGULAR MEETING, September, 1846.

Dr. MITCHELL reported the following case of albuminuria and anasarca, then under treatment:

A lad of fourteen years, complained of shortness of breath, irresistible drowsiness, and general œdema of the cellular tissue. There was dulness on percussion over the precordial region a little greater than natural both in degree and extent. The heart's impulse was weak, but the sounds normal. The urine coagulated both by heat and nitric acid; the proportion in bulk of albumen appearing about three-fourths that of the whole of the urine subjected to experiment. Appetite good and bowels regular.

Seven years previous had pericarditis, all the symptoms of which were relieved at the time, except shortness of breath, on exercising. No symptoms indicating renal derangement are remembered to have existed.

The ordinary course of diuretics after ptyalism, and of hydragogue cathartics, was attended with little benefit except complete relief of the drowsiness.

Hydriodate of potash was given for two months without apparent improvement, but its discontinuance was attended with an aggravation of the disease. Some relief followed its resumption.

Bichloride of mercury was then resorted to in connection with saline purgatives, and with such effect as to excite hopes of permanent good, but after two months' use the improvement ceased to progress, and the old symptoms began to return.

The treatment first instituted was again resorted to, but the young man grew rapidly worse.

The repeated administration of elaterium was followed within a week by the almost complete disappearance of the anasarca, the supervention of extensive superficial *inflammation of the right thigh*, and derangement of the stomach and bowels. These symptoms soon disappeared under appropriate treatment and the discontinuance of the elaterium, but during recovery the œdema returned.

The use of elaterium was resumed as soon as the case permitted, and with precisely similar effects, viz., disappearance of the anasarca, deranged digestion, and *acute and extensive inflammation of the right thigh.*

From these symptoms the patient is again recovering, but the œdema is also increasing. The albumen in the urine has at no time been less than at the first examination. The report of the case will be continued hereafter and the event made known.

Dr. Swift read a long and very complete paper upon the morbid anatomy, causes, symptoms and treatment of Otitis and Otorrhœa.

Regular Meeting, October, 1846.

Dr. Trask read a paper upon the pathology of Phlegmasia Dolens, accompanied by a large number of cases analyzed and presented in a tabular form. The tables Dr. T. considers as establishing the identity of this affection with phlebitis. (This paper has since appeared in the *American Journal of Medical Sciences, January*, 1847.)

Case of Anasarca.—Autopsy.

Dr. J. G. Ladd reported the following case with post mortem: Nicholas May, aged fourteen years. General health during life had been good, with the exception, that at times he was subject to accumulations of serum in different parts of his body, never before amounting to anasarca. A few days before his decease, a slight tumidity and œdema behind the sterno-cleido-mastoid was observed, with a puffiness of the face, but little notice was taken of this apparently unimportant symptom. On the evening of his death, after having retired to rest, his mother observed that "something ailed him," and made him get up and come down stairs, which he readily did without assistance. Shortly after, upon lying down on the bed prepared for him, dyspnœa came on, and in a few minutes *he was dead.*

Autopsy, twelve hours after death. Subject found lying on his back—much extravasation of blood into the most depending parts of the body. Great tumidity and œdema of the face, neck and whole surface of body. *Brain;* upon removing the scalp a considerable flow of blood and serum followed the incision. Strong adhesions of dura mater to the calvarium. Great thickening and opacity of the membrana Arachnoidea, and a serous deposite under it at the base of the brain, with great vascularity of the substance of the organ. *Thorax.* Large quantity of serous effusion into the thoracic cavity. Pleuræ and mediastinum full of liquid. Lungs. *Right lung*, one-fourth natural size, completely solidified from compression—no remains of vesicular structure. *Left lung.* Small portion of upper lobe retaining vesicular structure, but congested. Lower lobe completely solidified. *Heart*, small and flabby. Pericardium distended with serum. *Liver*, very much enlarged, extending downward as far as the umbilicus, over the left side to the spinal column. Substance of right lobe hard and extending up into the thoracic cavity, making compression upon the solidified lung. Gall bladder very much enlarged and distended. *Intestines*, contracted and hard. Serum between the serous and muscular coats of colon. Other organs natural. Bladder slightly distended.

Art. III.—*Remarks on the Use of Galvanism in the Treatment of certain Nervous Diseases,* By H. P. Dewees, M. D., of New-York. (Concluded from page 307, Vol. VIII.)

Much discrimination is required as regards the proper period at which a galvanic current should be used in paralysis, and in being able to appoint this, the causes and the stage of the disorder should be duly weighed. Unfortunately if the disease is announced by an apoplectic

seizure, the friends of the patient become anxious and alarmed, the medical attendant being thwarted or biassed in his judgment through these fears. This is strongly verified in those cases happening to strong plethoric men, free from cardiac difficulty, but where the *nervous power has been unduly taxed.* Here, in place of a mildly-stimulant expectant treatment (the loss of blood from the temples or arm being regulated by circumstances to be mentioned shortly) the patient is generally copiously bled and purged. Because he is plethoric and fat, he is bled *profusely*, or "until he comes to," thereby taking away the nutrition of the great nervous centres already below par. The man, to be sure, may recover his senses, but he comes to with what may be called a *life of proportion*, one or both sides being paralyzed; or, he may not be even so lucky, and death is speedily ushered in by a second or several quickly-recurring attacks. As in autopsy, the ventricles are frequently found filled with serum, the medical man says, "it is no wonder he died, he could not resist such pressure on the brain." But does he ask what was, in this case, the cause of this effusion, and whether it did not result from the loss of nervous power, whereby the *tonicity* of the vessels was impaired, the transudation taking place of necessity?

Now, in these cases, take them all together, it would be safer not to draw a drop of blood, than to take such a vast quantity. If, on auscultation, the lungs are found laboring heavily, and the effects of so much imperfectly-arterialized blood are showing themselves by the retention of the highly-carbonized fluid within the brain, the circulation being labored and slow, then it may be necessary to relieve the vessels of a few ounces of blood, in order to start, as it were, the stagnating current, on the principle of opening a drain in the meadow to relieve the whole. At the same time, a moderate stimulant will be called for to renew the exhausted nervous power to support the circulation. Cold moderately applied by the iced water bladder, with dashing or sprinkling of cold water over the face and neck should not be neglected. When the patient returns to consciousness, he will in all probability be free from paralysis, or but slightly affected. The only excuse for large detractions of blood can be found in the knowledge that the exhaustion of nervous power has been great, and its capacity to be speedily renewed is destroyed; then the vessels have to be emptied, to proportion the circulating fluids to the diminished nervous supply.

In cases of sudden rupture of the vessels, when there has been no *previous effort or exhaustion*, the sanguineous effusion being more or less extensive, the seizure may undoubtedly be attributed to the severance of nervous connection and to pressure, the paralysis ensuing as a natural sequence. The causes may be various—viz., softening, ulcerative action, atheromatous alterations, mechanical interference from bony spiculæ or ossific plates, &c.

The early treatment becomes a matter of nice diagnostic discrimination; but one thing is certain, there is nothing to be gained by the immoderately "*prompt* treatment." The clot is forming, or has already formed, when the practitioner is called in, and no violent measures can force it away. The indication becomes to sustain life by relieving the other parts of the machinery, so that their performances shall be as duly maintained as possible. Hence the benefit so frequently obtained from those remedies regulating the pulmonary and hepatic circulation,

but which are often misconstrued as having a *specific* action on the brain, when in truth, the effect so produced was secondary. The lungs and liver being enabled to sustain their functions, the brain will not be so greatly oppressed with black blood, whilst its *nutrition* will be properly carried on.

In the early invasion of the attack, the great nervous centres receiving such a shock, the functional activity of almost every vital organ is interfered with—the lungs labor with impeded respiration, the heart contracts sluggishly upon the imperfectly aerated blood, whilst the liver tardily eliminates the bile. Here the highly-venous state of the blood and the elements of the biliary secretion circulating through the brain, serve to depress the nervous forces essential to reparation. Therefore in the treatment of all recent apoplexies and paralyses, much caution is required *in proportioning the loss of blood, if necessary, to the state of the nervous power and its capability of being aroused.*

There are some cases in which the nervous depreciation is so great, and where at the time no speedy renewal can be given, in which the copious detraction of blood is absolutely called for, thereby proportioning the amount of the circulating fluid to the nervous supply for its sustension. But these cases are comparatively rare, and happen, for the most part, in the completely broken down, or where the exhaustion from some known cause cannot be overcome, save by perfect and long-continued rest. These cases may be likened to two horses, each drawing a load of wood; both fall, but the one is fresh and strong, and a few sticks taken off, and the whip applied, puts him on his feet again—whilst the other is fatigued by over-exertion, and the whole load has to be taken off, and the animal be allowed to regain his strength by rest and nourishment, the whip not being able to rouse him, or if applied, causes him to waste all his power in one ineffectual effort.

Those cases resulting after a too hearty meal, and especially where wine and great hilarity of conversation have been indulged in, are not always to be set down as caused by sudden rupture. The brain in these instances becomes much oppressed by unassimilable blood, and as the nervous power has already been over-taxed in the performance of digestion, and by mental excitement, besides the *local pressure* of an over-distended stomach upon the neighboring ganglia, affording a direct impediment to the functional performances, the vessels become loaded, and pressure results—effusion may or may not occur. If vomiting comes on, the offending meal is cast off, and the patient generally recovers without much disturbance in his power of locomotion. But if the effort of nature be inadequate to the task, and medical aid is not speedily rendered, the brain and medulla oblongata become more and more oppressed, sensation and impressibilty rapidly decline, and effusion, or rupture with laceration of cerebral fibre may now ensue, ushering in the second attack, as it is termed, and generally with fatal issue. If not fatal the clot forms the chief obstacle to return of comparative health, its absorption and isolation regulating the progress.

There is another form of apoplexy in which paralysis invades slowly but surely, and is apparently hopeless of remedy if the attack prove not fatal. It is announced by giddiness, with a sensation as of the aura epileptica, and an *after* consciousness of having, for a second or more, lost memory, the return to self being heralded by a deep sigh or half sob, sometimes accompanied by nausea, and always by pallor at the

onset, frequently followed by purple flushing of the face. These cases happen for the most part amongst persons of debilitated habit, and where there have been great emotional causation for a length of time, excesses in venery and the like. In such subjects, the entire organism is depraved, the blood is defibrinated and deprived of its red globules, whilst the nervous power is wasted by perpetual demand. The want of tonicity is witnessed in every tissue, and effusions varying in extent leak, as it were, into the ventricles, the symptoms announcing the quantity, though not always their situation. This form of disease is insidious, as frequently the attacks are slight, and at first scarcely perceptible to the subject himself; the poverty of the circulating fluid increases, the temper becomes more peevish, and the memory gradually fails, or suddenly a complete loss of connection in the idea or sentence takes place. In some paralytic contraction of the flexors of the fingers, arm or leg ensues, accompanied with pain, and many times attributed to a *neuralgic* or *rheumatic* affection, but in reality frequently marking softening or other organic changes of the brain. After a time the disorder becomes more grave, and the patient suddenly falls, or is found in his bed insensible, the face drawn to one side, or the muscles collapsed from double paralysis, the loss of power over the limbs being more or less complete. From this there is hardly a chance of partial restoration, although treatment may delay the final issue.

No matter from what cause it may be dated, the *effect* is the same—viz., the serous or sanguineous transudation to greater or less amount, or rupture of some small vessel or vessels, attended in many instances, with softening of recent or later date. The exhibition of remedies must be made with the view of retarding it. Bleeding from the arm is certain and sudden death—but if the vessels of the face are full and distended, though at the onset it was exceedingly pale, a *little* blood can be taken by cups or leeches with temporary relief. But the heart's condition requires attention, and its power must be rallied by local stimulants, as Granville's lot. fort. or strong aq. ammonia over the cardiac region and down the upper spine; for the state of *spasm* often exists in it as described above. The feet and legs must be stimulated by hot water and cayenne, either by bath at the side of the bed or by moist frictions; but care must be had in not suddenly *lifting the patient upright*, a fresh and fatal attack of convulsion being known to follow the imprudence. Internal stimulus, as brandy, &c., must be carefully administered, paying regard to *the period at which reacti n shall be established, lest the excitation exceed the capability of the vessels to bear, and the nerves to sustain.* If the respiration be imperfect, cold water should be sprinkled on the face and neck in the *order of the natural time required for the act;* as a safe rule, 18 to 24 times a minute. *Small* doses of Dover's powder and quinine can be given to support the strength, the congestive influence of the opium being carefully avoided. When the first effects of the attack have passed, *nourishment* and *not medication* must form the essence of the treatment. In these cases, happening as they generally do in strumous or "white-tissued" individuals, calomel is rarely well borne; it is only necessary to remember this, to proportion its use, for it should be remembered, that though it may cure the disease, it does so often by killing the patient. Hydriodate of potash serves a better purpose, if the absorption of the fluid is the intention; and as there always exists more or

less irritability, it should be conjoined with a tonic; the infusion of the wild cherry bark is the best, in my opinion. Minute doses of veratrine, as gr. $\frac{1}{16}$ or $\frac{1}{20}$ conjoined with aloes, rhei and taraxacum, form an excellent stimulant laxative. If necessary, pulv. sanguinariæ, gr. ss to gr. 1, may be given in conjunction. Tonics and tonic stimulant bathing are also beneficial. The surface can now be sponged with a light current of electricity.

The error among many, in considering apoplexy as entirely a disease of the vascular system, has served to perpetuate the most irrational treatments. As relief in some instances has been afforded by prompt bleeding in the commencement of the attack, where the pulmonary and cerebral congestion was great, it has warranted in but too many, those profuse detractions, that ultimately *reproduced* the very state they dreaded. If the diseases and functions of the nervous system were better understood and attended to, and a strict study of the period of the disease entered into, these murderous repetitions would not be so frequent, or if absolutely required, would be in smaller quantities than is practised by what is called "the bold practitioner."

No one of a sudden makes such a quantity of blood that its circulation endangers life, but his nervous system may become so disordered, either primarily or secondarily, that an almost mechanical impediment starts up to the performance of the circulation; and then the blood being delayed on its ascent or descent to the heart, may become a source of reactive danger, only to be subdued by lessening its quantity in order to proportion it to the nervous capability; whilst, at the same time, a stimulant—as brandy, ammonia, &c., will be required, to restore tonicity to the congested and over-distended vessels.

This arrest of the circulation in itself, would not be so dangerous to the individual parts, were it not that the brain becoming oppressed by highly-carbonized blood, and the respiration thereby being more and more impeded, organic changes rapidly develop themselves with the increasing functional embarrassment. And thus it is, that action and reaction move, as it were, in a morbid circle.

According to the original seat of disease and its implicating extent, do the phenomena of *sensibility* and *impressibility* take place. A want of distinction between these terms is a most common error, although from the labors of Hall and others, the contrary might be expected. A man may be perfectly conscious of the prick of a pin, yet be unable to evidence it by movement, voluntary and excito-motion being alike lost; whilst, on the other hand, he may be perfectly insensible to the pain, involuntary motion resulting, the spinal marrow retaining its *impressibility* through the incident excitor nerves, or, by *direct nervous extension from below the point touched.* Were this better understood, much needless cruelty might be spared the patient, and less empirical treatment would be resorted to. There is a very common, and at times, an unintentionally-cruel mode of testing a patient's consciousness—viz., by placing candles near his eyes, his not shutting the lids or following the light, being construed into an evidence of total unconsciousness. Now the being *able to see* and to shut one's lids, are very different. If the disease involves the base of the brain or medulla oblongata, the reflex action of closing the eye, does not reply to the optic nerves acting as excitors through the stimulus of light, voluntary power being at the same time lost. Yet how many, when recovered, will tell you that

they were perfectly *conscious* of the trial, and how severe the infliction was! Again, some will shut their eyes and yet be *unconscious*, and others will experience pain, and yet be unconscious that involuntary action closed their lids. Where the sensibility and involuntary motion of a part is lost, a different organ or class of organs may become the channel of excito-voluntary actions. This is witnessed in those curious cases in which the feet or hands have lost their tactile sensibility, and yet the person is able to walk or hold any thing perfectly well, provided he sees when and where to place his feet and move his legs, or the necessity of grasping the object. In the dark, or by turning the head aside he would fall, or let drop the object in the hand. In these instances, the spinal system is not warned to the necessary movement, by the incident excitors of the feet and hands, but through the retinal expansion of the optic nerves, the will being so called into action. I have seen four cases of this curious disorder. The patients could not tell where their feet or legs were when hid by the table; in turning in bed, the eyes had always to be used to see where to place the limbs; if the room was dark, turning could be effected, but there was no knowledge where the limbs were. I have seen them fall to the ground by placing the hand before the eyes or by the light being suddenly obscured, the muscles of the limbs and trunk instantly ceasing to sustain the necessary contraction. Co-ordination or regulation of movement was completely lost, unless the eye was placed upon the object. In these cases, regard should always be paid to the medulla oblongata and cerebellum, and the treatment must be made accordingly.

I cannot in this paper treat of apoplexy and paralysis from kidney disease, but will merely throw out the hint that this frequently is masked to an inattentive observer by apparent disease of the heart, and the treatment is directed solely to it. Where there is reason to infer that the elimination of urea is retarded from its depressing influence on the brain and general nervous system, I can only caution against the frequent detractions of blood, as fatal consequences are apt to follow. When these losses have been made, a double drain is opened, the blood-letting directly weakening the nutritive functions and the nervous power, already oppressed by the retention of urea.

Above I have incidentally remarked upon the delay of blood on its ascent or descent to the heart forming types of certain apoplexies or paralyses. This portion of the subject has not to my knowledge been remarked upon. The organic changes in the heart itself—such as valvular disease producing contraction with imperfect closure, &c.,—are not here alluded to as cause or effect, their mechanical influence in disturbing the circulation and inducing the apoplectic condition being generally understood, and also requiring greater consideration than can be allotted here. I shall therefore pass over these states, or but casually allude to them, my present object being to call attention to those forms of the disease resulting primarily in *nervous* derangements, but mostly termed vascular.

The venous blood which is returned by the ascending and descending cavæ, enters the right auricle during its diastole, whilst the corresponding ventricle is contracting upon and expelling its contents into the pulmonary artery through the sigmoid valves. This blood, after having circulated freely through the lungs, is returned by the pulmonary veins to the left auricle as oxygenized blood, whence it passes into

the left ventricle to be propelled into the aorta to supply the system. From the junction of the venæ innominatæ arises the descending cava, its length being about three inches, and emptying into the right auricle. Into the venæ innominatæ or the cava descendens itself are discharged the blood of the inf. thyroidal, vertebral, sup. intercostal, internal, mammary, vena azygos and other venous trunks. From the junction of the primitive iliac veins arises the inferior cava, which also empties into the right auricle, having first received the blood of the middle, sacral, lumbar, spermatic, emulgent, capsular, hepatic and phrenic veins. Between the upper and lower cava the vena azygos forms a great anastomatic connection.

Such being the anatomical arrangements, we will at once enter into the cerebral disorder occasioned by *nervous* debility, or paralysis of the arterial and capillary vessels, supplying this return blood to the upper and lower cavæ. In either, the effect on the vessels is the same, viz.: loss of contractility, with abnormal distention. The result is, diminished circulatory impetus in the arterial and capillary vessels of the part affected. If the arterial nervous degeneration alone ensues, the capillaries remaining intact, the circulation becomes languid and the latter vessels do not fill so rapidly, nor are they supplied with as richly oxygenated blood, the venous state beginning early to exhibit itself. If in conjunction the capillaries suffer the same loss of nervous supply, the blood is yet longer delayed and congestions ensue, the venous trunks tardily emptying into their respective cavæ. The consequence of which is that the right heart, in a given time, receives a diminished supply, and that too of blood in a highly venous state, owing to the remora within the capillaries. This blood having entered the lungs for revivification, not only requires more oxygen, but forces upon the lung greater *inspiratory* effort to supply the demand, whilst at the same time, the nervous distribution to the bronchial membrane becomes less sensitive, the moto-contractile fibrils of the bronchi becoming impaired by want of their due stimulus. The inspirations then exceed in force and rapidity the expirations, and the foundation of an emphysematous condition of the lung is thus established. Many asthmatic cases can be referred to this cause, and the treatment found successful, substantiates the views here taken.

In the meantime, although the right sides of the heart are impeded in their performance, the left are duly stimulated by oxygenized blood (unless pulmonic obstructions exist to some extent) and the ventricular impulse is not diminished, the blood being propelled vigorously onward, till it reaches the part in an anormal condition, when retardation again ensues. If the infarction within the capillaries become great, *regurgitation* inducing valvular disease according to the duration, ensues, the blood recoiling as it were against the wall of the congested vessels. It is here that the heart may be said to complain more for other organs than for itself, the organic changes in its walls being *results* and not causes of the distal morbid action. The *sounds* from a heart so diseased are but too apt to be mistaken for the disease itself, by viewing the subject in this light, many cardiac derangements become less hopeless of successful restoration, the treatment being directed to the exciting causes.

According to the seat of the disorder the brain suffers. If the congestion be visceral or in the lower circulation, the right heart receives

its supply of blood tardily, varying according to the extent of the congestion, whilst a greater demand is made upon the venous return from the head than is normal, by the comparatively empty auricles, in order to supply the lungs with blood to be aerated; the consequence of which withdrawal is a want of due pressure on the brain, or an over-proportioned arterial supply to balance the loss, attended with excitement and sensation of rigid throbbing in the arteries. The face indicates this state by its red flush, without the purplish dusky suffusion of venous apoplexy. If unattended by arterial excess, the countenance will be paler than natural, or half blanched, and free from bloated expression.

The treatment is easily made out by reference to the conditions mentioned. Bleeding from the arm would only tend to distress the brain still more—but cautious local detraction from over the visceral seat, conjoined with outward stimulation is called for in order to fill the venous trunks emptying into the ascending cavæ, by which the right side of the heart may be better filled. When this is established, the head symptoms gradually yield. By directing the remedial efforts against the visceral congestion, the recovery of the patient takes even step with the success attending them, and after a time the heart regains itself, the regurgitation and other difficulties subsiding in proportion to its original implication and extent, the constitutional vigor and habits of the patient. In one case coming under my notice, in which the patient was previously paraplegic, attended with great visceral torpor, the face was flushed with arterial color, although some forty ounces of blood had been taken and was still flowing, till stopped by my advice. The flushed face formed the indication to his advisers. He died in a short time under an attack of violent convulsion and thrashing of one arm against the couch and side of his body, the face being scarlet to the time of his death.

On the other hand, if from similar nervous causes, the upper circulation or that within the cranium be at fault in the beginning of the attack, the right heart does not feel so greatly the retarded supply from the brain, whilst the lungs are supplied with blood by the ascending cava in freer quantity and less carbonized to be aerated for the aortic distribution. The lungs do not labor so terribly, but the countenance has the peculiar appearance of stupor, with the dark purple suffusion of the integuments and corrugated brow. Here the brain suffers, being placed, as it were, between the hammer of the arterial jet and the anvil of the engaged capillaries and venous trunks. The duration of this stage is not long, and unless prevented by immediate treatment, the reverse condition ensues—viz.: over-distention of the right side of the heart from *cardiac paralysis*, the venous engorgement of the jugular and facial vessels becoming greater and greater, whilst the lungs now become oppressed. If allowed to go on, hemorrhage within the cranium most frequently ensues, or if the blood is low in fibrin, serous effusion or sanguineous exudation takes place, ushering in extreme paralysis more or less complete. Cold applied to the head will not alone answer, nor any temporizing plan—blood must be taken from the arm, or from the temple, or, as in asphyxia, from the jugular itself—at the same time stimulant applications must be made to the nape of the neck, and over the cardiac region. If the patient be rich in fibrinous blood, *blisters* are doubtful remedies, and milder and more

manageable irritants must be used—but when the blood is low in fibrin blisters are powerful adjuvants. A sudden and profuse loss of blood from the nose has been known to relieve decidedly the oppressed brain, and such natural fluxes are to be regarded in most instances as highly favorable.

The organic alterations of the heart can only be discovered by careful investigation of the physical signs; without this the pulse cannot be as well comprehended. In connection, the general appearance of the patient, the sex, relation of age to the disease and the number of attacks, should be attentively noted, as the pulse, even where there is no organic change of the heart existing, becomes deceptive on account of the arterial alterations or conditions, as respects elasticity, thickness, &c. The same morbid causative actions may exist in two individuals, but the pulse is not alike representative—since in one, the artery may be large and easily dilatable, giving fulness but softness to the jet; whilst in another, the artery may be tense and of small area, the pulse being hard and small. In the aged the arterial rigidity, or partial ossifications must also be taken into consideration, as no truthful index can be obtained from the wrist, the carotids and the heart alone being worthy of serving as guides. In plethoric individuals the pulse becomes disguised in many instances, by over-distention of the right side of the heart, and it is only to be unmasked by familiarity with cardiac sounds, and the objective signs of swollen and at times pulsating jugulars, and the blood-bloated condition of the facial integuments. Here the lancet becomes the chief remedy, and the vein should be freely opened, (it can be performed at least expense of blood by carefully opening the jugular), the pulse rising whilst the respiration becomes freer. In all detractions *pleno rivo* there is a caution to be exercised, in not too *suddenly* emptying the vessels at once, lest the contraction of the capillaries fails to ensue—this can be readily managed by the finger.

Pulmonic obstructions as existing in latent pneumonia, severe bronchitis, compression of the lung by pleuritic effusion, &c., are the frequent cause of this right cardiac distention. If any of these affections exist, sufficiently extensive to retard the aeration of the blood, the return through the pulmonary veins does not take place as rapidly as demanded, and the left ventricle not being fully filled, does not contract as forcibly as when supplied with blood of proper quality and quantity; the jet to the finger, consequently is soft and tells no tale of the danger. The treatment is mechanical, and consists in *proportioning the quantity of blood to the capacity of the lung to aerate.* No stimulation of the nervous power to the state of the oppressed vessels will here avail; a mechanical organic impediment exists, and the lancet can only relieve the effects, the expediency of after-stimulation depending on the subsequent symptoms.

On the other hand, the reverse of this may happen, viz., the heart may become primarily diseased in such a manner that the lungs, from the irritation of delayed blood, etc., shall take on various pathological states, and it becomes a matter of nice discrimination when called into a case of "heart and lung disease," to say which was the original and which the consequent disorder. According to my observation in more than one half of the cases of hemiplegia or paraplegia, ushered in by apoplexy, ensuing in subjects about the middle term of life, or

in advanced age, disease or imperfect action of the heart has existed either as cause or effect; whilst in children the cardiac disorder has not been generally so well pronounced, although in some instances decidedly so.

It has become the subject of common remark, that paralytic and other nervous affections seem greatly on the increase during the last ten or twelve years, and the question of the cause is often put to the medical man for solution. Owing to the singular excitements eventuating during the "insane period" of '36—'37, and the overwhelming reaction, the germ has been laid in many for diseased exhibitions of the brain and general nervous system. A ready rationale for the production of neurotic disturbances can be found in the fact that the mental functions were unduly stimulated by visionary successes, whilst the body was abandoned to the attendant excesses—the bubble bursting, the reactive prostration hurled men from Crœsus' seat to the very gates of ruin and despair, and in many became the date of their disease. However, it will not account for the disorders in others, not subjected to such causes, and a more sweeping conclusion, perhaps, can be drawn, in saying it is owing to certain atmospherical conditions, or prevalences, together with luxurious indulgences and want of proper exercise. It must be owing to these meteorological changes, that Rush and others found their sanguinary treatment less dangerous—to say the least of it—than can now be followed. One of our most distinguished teachers has told me that thirty years ago, taking the average of cases, he could safely and with benefit bleed a patient, that under the same disease now he could not detract ten ounces from, without detriment, and long continued debility following. We see this exemplified in certain epidemics.

Whenever the brain has been taxed beyond its natural performances, it must of necessity be done at the expense of its organic force. The result is not only in expenditure of power, *but irritability* attended with *real debility* is established, masked by *apparent* inflammatory action, and but too frequently so treated. Whilst in these cases the chief element of cure consists in rest, conjoined with moderate tonic regimen, avoiding at the onset the use of those stimulants that would cause disturbing action over parts already overtaxed. The local loss of blood may be necessary, according to the quantity in the vessels and the degree of oppression occasioned by it. When the tumult has subsided, mildly stimulant treatment can be beneficially entered into, but not till then.

The pathological result in many such cases is "softening" of the brain, accompanied by paralysis of the extensors and paralytic contraction of the flexors. Psychological changes of lesser to greater extent are apt to ensue, where paralysis attends partial recovery, as evidenced by partial loss of memory, misnaming articles in common use, and sometimes by the imperfect retention of the language most employed, and as I have known in one or two cases, the return of one nearly forgotten and unspoken for many years. The most singular instance of mental peculiarity I have ever met, was in a gentleman who could not write a word if he pronounced it himself, but could do so if it was given him by another.

The diagnosis of the commencement of these cases is fraught with difficulty to the physician and with danger to the patient, as *hepatic* and *gastric* symptoms are most prominent, the cerebral disturbance

being often completely masked by the sympathetic participation. The common acceptance of such a case is "a bilious attack," or if symptoms of irritation attended by heat of surface, pain in the back and limbs and partial aberration, be present, "a bilious fever." The reality differs widely; as the brain or spine is seriously affected, and the source of enteric engagement by nervous extension is clearly pointed out. Such cases as above observed are to be found in those who have in various ways and from different necessities over-exerted themselves both bodily and mentally, or in children or youths of strumous habits and excitable temperaments, but whose brains have been unduly exercised.

The reverse of this also happens, and the constitutional degeneracy need not be great, as the liver, stomach and intestines may be seriously diseased, the brain averting notice of the latent disorder, by delirium, carpal or pedal spasm, or by alternate rigid extension and flexion of the extremities. Frequent gagging, or vomiting of bile in great quantities, or of mucus mingled with it, generally announce the *cerebral* disorder. When the stomach and liver are the seat, there is little or no vomiting, but there is greater pain on local pressure, unless the *cerebral symptoms run high*, when the gastritis and intestinal ulceration may have proceeded to fatal extent, yet be unaccompanied by pain. And what renders the foregoing symptoms more obscure is, that *there may be constipation*, or very slight diarrhœa, and this for the most part is attributed to the remedies. Ulcerations of the colon and other visceral portions to fatal extent, and unannounced by any symptom, have been reported in such cases, the affection of the brain averting all suspicion.

In these latter cases we have lesion of the scientific branches of the sympathetic, the presence of irritative contents in the intestine not being noticed, by which the propulsive efforts should be aroused, suppuration ensuing. We see this exemplified where suppuration of the cornea takes place from lesion or destruction of the ophthalmic branches of the fifth pair, the protective mucus not being secreted. The ulceration of an intestine may thus progress to fatal issue, unattended by pain, and in consequence of the loss of sensory endowment in the sympathetic. The absence of pain on pressure, therefore, must not always be set down as evidence of freedom from gastro-enteric disease, as the parts may be in a state of anesthesia. The treatment of these cases is of vast importance. When the *brain* is the seat, but the liver and stomach by bilious vomiting disguise the latent disorder, and large and frequently repeated doses of calomel and drastic cholities have been administered, it is easy to understand, that the innervation of these organs being in a state of high irritability, they must necessarily be more acted upon by such remedies having a specific stimulant effect on them, and thereby from *irritation* pass rapidly into destructive inflammation, and thus react on the brain. Hence it is that paralysis so frequently follows the injudicious employment of calomel and other mercurial preparations, but which are mostly dated from a *bilious* attack. The treatment should consist in leeching the spinal column and base of cranium; Dover's powder in repeated doses, to subdue the nervous irritability, conjoined with small portions of nitrate of potash, if the skin be dry or husky—and two narrow straps of blister-plaster on *each side* of the gastro-spinal region, after the topical detraction of blood.

Where the disorder is primarily enteric, the calomel forms the

sheet anchor of the treatment, the cerebral disturbances quickly yielding, after copious dejections, thereby freeing the blood of biliary impurities, by stimulating the liver, and at the same time subduing the portal congestion.

A few cursory remarks on constipation and diarrhœa, from nervous causes, will not be inapplicable here. I have already referred to the suppuration of the cornea from division of the fifth pair. The mucous membrane of the intestinal canal receives sensific and motor endowment from the sympathetic. The secretions vary according to the state of the sensific and organic branches, the mucous sheathing, the villi becoming increased, diminished or checked according to their condition. The muscular tunic is warned to contraction by the impressions on the sensific expansion—or at times by direct irritation of the cœliac-semilunar ganglia, &c.—and the contents of the canal are then evacuated. The discharge of mucus, as regards quantity and quality, depends on the state of the nervous power. In low conditions the mucus secreted is thick, or becomes inspissated by collection, and the impression on the sensific branches is mechanically lessened, the bowels remaining quiescent; but if the secretion of mucus be *natural*, and the ingesta be acrid and irritant, diarrhœa results. If this continue long, true hypertrophy results from the continued exercise of the function, exhibited in constant expulsive efforts. On the other hand, if the secretion be exhausted and the mucous membrane unprotected, as in inflammation, the tube contracts spasmodically on itself, as is often witnessed on autopsy, the intestinal coat appearing raw and chapped.

The same takes place in the bladder, when the mucous membrane becomes diseased: the muscular coat being hypertrophied, is constantly contracting and expelling small quantities of irritative urine, although at first from disease or injury of the spinal marrow, the catheter was necessary for its withdrawal.

From these hints the treatment can be readily discerned. In those diseases—and especially happening in those termed of "nervous temperament"—where the retained secretions became highly irritant to the mucous surface, and *constipation ensues*, the evacuation cannot be forced by drastic or stimulant cathartics, as their exhibition would only tend, by their retention, to cause greater and more extended contraction of the intestine, and an increased non-elimination of the protective mucus. Demulcents, sedatives, and at times the local detraction of blood, or even from the arm, form the proper remedies, thereby subduing the over-excited nervous irritability, and allowing the mucous membrane to recover its secretion.

In other cases a double state exists, viz., purging from the lower and large intestines, with spasmodic contraction of the small intestines. The discharges are generally attended with dysenteric mucus, highly offensive, and without relief to the symptoms. This condition may be idiopathic, or result from the administration of remedies containing aloes, colocynth, and others, which have, by their absorption, a specific tendency to the lower bowels. The patient complains of the insufficiency of these stools, and places the hands over the middle abdominal region, saying he feels as if a *cord were bound around him*. Opiate injections, in some mucilaginous vehicle, form the treatment, the irritated condition of the colon being soothed by them, whilst the constriction of the small intestines is resolved. Where large and re-

peated doses have been given, it sometimes becomes necessary to give opium by the mouth, for the double purpose of *calming the spasm*, and *preventing hypercatharsis* from the small intestines.

Another condition presents itself—and I have seen it most frequently in children—where overdosing has been habitual, or where the nervous impressibility has become sluggish from general disease or spinal injury. In these cases, the whole intestinal tract is in a lax condition, the mucous membrane, for the most part, being thickly sheathed with inspissated mucus, consequent on the severe nervous depression, thereby further preventing the action of remedies. Nervo-stimulants, conjoined with astringents, are here indicated; and the practitioner, by referring to such cases, must remember to have seen where brandy, wine and bark have been administered with a view of supporting the patient's strength, that the evacuation of the bowels frequently resulted. Some years ago I was induced to employ small doses of strychnia, or nux vomica, in these cases, and with the happiest result. The physiological action of this alkaloid over the spinal and ganglionic system is now well established, and need not be cited, its astringency being also called for.

From these instances this law can be established, viz., that where the nervous exhaustion or interruption is great, the mucous membranes throw out a thick, tenacious secretion, and that when the nervous power is unduly excited, or stimulated, that the secretions become more freely poured out, which, if long continued, or the part be specifically acted upon by remedies causing increased local action, may, from simple irritation, pass rapidly into inflammation, the total suppression of the protective mucus ensuing. It will not now be difficult to understand, how it is that, where the liver becomes irritated, it may be goaded into inflammation, by the exhibition of mercury, or other stimulant specifics. Whether these conditions exist in the lungs, or the abdominal viscera, the effect is the same, and the inflammation must be relatively treated. And hence it is we find that, in some inflammatory affections, the antiphlogistic and sedative treatment is only successful, whilst in others, happening in those of depressed nervous power and exhausted circulation, the stimulo-tonic plan is indicated; and these latter classes form the most difficult to subdue, as real debility is conjoined to the local inflammatory disorganization. By reflecting upon this, more professional charity would be bestowed daily, when a case not fully reported, but too frequently meets the sweeping condemnation of the practice pursued, the sthenic or asthenic condition of the patient not being known or inquired into.

Before closing this paper, I will drop a few hints respecting sympathetic engagements of the bladder and uterus, resulting from latent *rectal irritation, or injury of the lumbo-sacral spine.* These form most troublesome affections, and are often sources of injury to one practitioner, for the benefit of another, whose diagnosis may perhaps result from greater knowledge, or from previously learning the plan employed by his unsuccessful predecessor, thereby directing his mind to other and more efficient views.

Vesical and uterine affections may owe their date from causes irritating the lower lumbar or first sacral nerves;—these causes may be congestion, inflammation, direct engagement, or injury, &c.—the channel of nervous connection being sufficient to arouse morbid exhibitions in the organs, thus aiding in the masquerade of disordered action from

distal origin. Hence the treatment in such cases is a matter of moment. The *local* application or direction of remedial measures, whilst they may serve to soothe the engaged organs, yet fail to cure. As an example of this can be taken the *incontinentia urinæ* of children, resulting from ascarides or worms, and but too frequently unnoticed, their expulsion being requisite for cure. I will here call attention to a certain troublesome "sore nose" in children, resisting all local treatment, but which can be easily subdued by cold mucilaginous injections, in small quantities, and repeated several times a day. Here is illustrated the irritation of a mucous membrane from distal causation.

Intestinal, uterine or vesical paralysis, frequently ensue from concussion or other spinal injury, giving rise to some of the most indomitable forms of functional disorder. The most remarkable and severe case coming under my notice, resulted from a sudden fall across the arm of a rocking chair. The concussion on the spine was so great, that insensibility, with trismus ensued instanter, followed by violent muscular spasms and convulsions resembling those in hydrophobia. The result of this accident was paralysis of the bowels, bladder and lower extremities, with *tetanic spasms*. She was perfectly restored under the treatment employed, consisting in the free use of internal and external stimulants, and the application of the *continued galvanic current*. The vesical inertia was overcome, by passing a galvanic stream from the rectum and spine to the supra pubic region, and through the urethra by a silver catheter, the positive pole being placed upon the spine.

I was led to employ galvanism in vesical paralysis, from the result of some of my experiments on animals with the current. By passing a strong stream, (interrupting it at pleasure), through the lower lumbar and sacral nerves of the animals, (dogs), I have caused the bladder so to contract, that on post-mortem examination it seemed more like a hypertrophied uterus. In these instances the urine was jetted with force, or oozed steadily out.

In some of the Journals I had seen it proposed to employ galvanism as an antidotal means to the effects of strychnine. According to my knowledge and experience in the action of both the antidote and poison, I considered the proposition dangerous, not only on account of the apparent similarity of convulsive action produced by each, but chiefly on account of the rapid *absorption* that might ensue by the galvanic influence. I subjected it to proof, by obtaining a cat, and placing five grains of strychnia within the mouth. Sneezing was the only effect produced for nearly an hour. I then secured the animal, and having placed a metallic tube in the rectum, in connection with the battery, I touched the tongue with the other pole. Instantly the peculiar spasmodic actions of the strychnine resulted, and continued with great violence till death ensued, in about two minutes.

By carefully reflecting upon these results, the rational application and *modus operandi* of those remedies, having control over certain vesical and uterine affections resulting from some known cause, can be readily made out; and hence it is by the employment of a remedy of known physiological action, as is to be found in a galvanic current of proper intensity and quantity, that the specific influence of many articles in materia medica can be discovered, and I need not say, by so doing, many changes will be forced upon the mind for recognition. In other words, by selecting those cases cured by the ad-

ministration of certain remedy or remedies, and finding the like cases cured by the application of a galvanic current, the curative action of the medicines can be learned, and the remedy, styled sedative, will be found stimulant, and the counter-irritant become a nervo stimulant. I do not propose galvanism to the exclusion, or even as superior to other means, but I hold it preferable not to punish by internal drugging, a man's stomach for his bodily infirmities, if an outward application of a current will answer the same purpose. Galvanism is no panacea, but has been and will be found a most valuable remedy in certain cases.

In conclusion, I will concisely state, that in the employment of galvanism in the various forms of paralysis, the diagnosis between "organic" and "muscular" paralysis must be well established, in order to obtain satisfactory results. In the former, the positive current must be passed from the extremity *to* the spine; in the latter, from the spine to the extremities. In all cases a mild current is to be preferred at first, and its continuance must be subjected to the capacity of the patient at the time, and the susceptibility of the part affected. I should advise in chronic cases the *long continuance* of *a feeble stream*, say from one to six hours; in preference to the more powerful action of an increased current for a shorter period. In passing it through the head, great care must be exercised, and a *light power should be used, and only for a short time*, constantly withdrawing one of the sponges from the surface. By means of the galvanic current I have been enabled to form a surer diagnosis as regards the loss of power, &c., being owing to organic difficulty, or functional disturbance. I have shown this particularly in those cases where the tongue has been affected, the words being completely or almost inarticulate. In some, after a minute's application, the power to pronounce the word distinctly for a time has returned, and by daily administration has been permanently improved. It will be found particularly serviceable also where deglutition and laryngeal expectoration and the power to free the mouth of the saliva are deficient.

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ART. IV.—*Case of Double Hare-lip.*—By N. S. DAVIS, M. D., of Binghamton, N. Y.

APRIL 20, 1847. Mr. Y. came to my office with his son, æt. seven years, robust and healthy, but with an aggravated deformity of the face arising from a congenital hare-lip. The fissure was double, extending, not only through the lip on either side, but also through the entire maxillary bone and palate, converting the mouth and nostrils through their whole extent, into one cavity.—That portion of the alveolar process containing the four front teeth projected forward nearly one inch beyond the lateral pieces of the jaw, and contained two large incisor teeth. The lateral or side pieces of the jaw had so far approximated each other as to come in actual contact behind and beneath the projecting middle piece. The projecting portion had been deprived of the piece of lip, that naturally belonged to it, by an injury inflicted some time since. The firmness of the lower, together with the close approximation of the lateral pieces of the jaw, precluded the idea of forcing the middle piece back so as to bring the lip together over it, and thereby preserving the full rotundity of the face, as should be

done in all cases where it is practicable. Hence I divided the soft parts around the projecting portion of the jaw, and with one stroke of a strong cutting forceps separated the bone on a level with the lateral pieces of the maxilla. The bleeding, which was considerable from the anterior palatine artery, was soon stopped by pressure with the finger. The edges of the lip were separated from the alveolar process of the jaw and placed in the usual manner, after which they were nicely adjusted to each other, and kept there by two stitches with a single thread of uncolored silk. Adhesive straps, and the usual compress and bandage over the cheeks finished the dressings. No untoward symptoms followed, and in five or six days the union of the lip was perfect, allowing all dressings to be removed except a single strap of adhesive plaster to support the yet tender union of parts. And, though the operation produced a vast improvement on his former appearance, highly gratifying to his parents and friends, yet it showed very plainly the shortening of the upper jaw by the excision, and consequently the want of that natural symmetry of the features which is so desirable; and which might have been produced with perfect ease, if the operation had been performed before the first six months of the child's existence had passed. For then, the yielding condition of the bones would readily have permitted the projecting portion of the jaw to have been depressed, and the lateral parts of the lip brought over it, thereby preserving the full length of the jaw, as my own experience in the very worst of cases, has abundantly proved. It was, indeed, for the purpose of enforcing this and one other point of minor importance, that I presented the foregoing case, and not from any intrinsic merit in the case itself. For though the advantages of an early operation seem to be duly appreciated by all good surgeons of the present day, yet it is far different with the profession generally in the country. With them the cautions of Sir Astley Cooper, the equivocal advice of Samuel Cooper, and the positive instructions of Liston, Druitt, &c., prevail. And hence a large majority of these unfortunate children are left until they are two or three years old, to the great detriment of the patient and annoyance of its friends. The positive advantages of an operation between the ages of three and six months are, first: the ability to mould the alveolar process of the jaw into any desirable shape by judicious pressure, and consequently the ability to preserve its full length and proportions. Second, the much more rapid filling up of the roof of the mouth, when the fissure or fissures extend through the palate, &c. Third, the ability to acquire the power of speech or articulation of sounds much more perfectly. And fourth, the absence of all dread or opposition to the performance of the operation on the part of the child. The only offset to these important advantages is the *possible* occurrence of convulsions from the operation at so early a period. And even this danger, I am satisfied, has been much exaggerated, as the practice of Ledrun, Bell, Mays, Roonhuysen, Pancoast and many others plainly show. I have operated on three children under the age of six months, with the most perfect success. And decidedly the worst case of the three, which presented a double fissure extending through the roof of the mouth and palate, with the middle piece of the jaw projecting even with the end of the nose, was operated on, at the age of two months, without being followed by the slightest unfavorable symptoms. Another point

about which there still seems to be a difference of opinion among good surgeons, is the propriety of using *pins* for keeping the edges of the lip in contact. When operations of this nature first came under the notice of the surgeon, it is not surprising that some unusual and complicated plan should have been deemed necessary, to retain the parts in their proper position. But since experience has so abundantly demonstrated the greater safety, simplicity and success, of the simple interrupted suture, and an adhesive strap, I was not a little surprised to find the *pins*, both pictured and advocated in the splendidly illustrated work of Prof. Pancoast. It is true that the pins already inserted, with the thread nicely coiled around them, make a fine looking picture on paper, but the increased irritation which their pressure produces, the greater difficulty of withdrawing them, and the far greater danger of their being accidentally disturbed by the child, have always induced me to give the interrupted suture the preference in my own practice.

ART. V.—*Successful Amputation at the Hip-Joint.* By MOSES SWEAT, M. D., of Parsonsville, Maine.

THE patient upon whom this operation was performed was about forty-five years of age. Some time in 1832 he received a severe injury upon his left knee from which he never recovered. In 1842, ten years after the injury, he called in Drs. S. and J. M. Blake, who upon examination of the limb, found the knee-joint somewhat enlarged and an abscess formed upon the inside, just above the joint, which being opened, discharged half a pint of thick pus. In February, 1843, the limb was amputated by Dr. Grover, about four inches above the knee-joint.

In July, 1843, Drs. Blake, Barrows and Tewksbury were called in consultation with Dr. Grover, upon the propriety of another amputation. There was some inflammation in the limb and great enlargement and induration from the deposition of lymph. There were two openings in the end of the stump, and two on the outer side four inches up the thigh, which communicated with tortuous sinuses extending to the groin. The stump was laid open a few inches to ascertain the condition of the bone, which was found in a softened state, the medullary substance being destroyed to a great extent. The patient's health had materially suffered and there were symptoms of hectic. The discharge from the sinuses was moderate in quantity, consisting of thick white pus. The consulting physicians were all of opinion that the amputation should be performed as high as the trochanter major. Dr. Grover however supposed that but a small portion of the bone was diseased, and contrary to the advice of the consulting physicians removed but about three inches of the bone which was so soft as to offer but little resistance to the saw. The patient was so much exhausted at that time that another operation could not be performed. After the stump was dressed the sinuses continued to discharge as before and there was much inflammation about the groin and hip-joint.

On the 13th of January, 1844, I was called to visit the pa-

tient, who was confined to his bed and had lain upon his back (for he could lie in no other position) for more than a year. He was extremely feeble and much emaciated, attended with hectic and night sweats, and also with severe pains which could be mitigated only by morphine.

Upon examination I found the whole thigh, one foot in length from the groin, a complete mass of disease. It was much enlarged, measuring thirty-six inches around the hip and groin, and twenty-four inches around the lower part of the stump. Three large sinuses were open at, or near, the end of the stump; two or three outside of the femur, extending to the trochanter major—and two or three inside extending under the fascia nearly to the groin—and there were other deeper sinuses following the interstices of the muscles nearly to the head of the femoris, and communicating with those large ones—from all of which pus, indicating disease of the bone, was discharged in profusion.

After full examination I came to the conclusion that the only operation which gave any hope of success, was the amputation of the hip-joint. The Drs. Blake, who were in attendance, also advised this as the only hope of saving the patient.

When the patient had consented to the operation, he was placed on a table on his right side. It was deemed necessary in order to secure success in the operation, that all the diseased parts should be removed. When the sinuses were explored and their extent marked on the surface, it was found that the operation could not be performed according to any method recommended in any work on operative surgery, without retaining more or less of the diseased secreting surface in the wound. But by cutting in the following manner, a sufficiency of sound parts could be saved to completely cover the wound:—Commencing about two inches above the trochanter major towards the crest of the ilium, thence cutting down to the trochanter, (without removing any substance in order to make room to discharge the head of the femur), thence diverging inward in a circular manner so as to pass 2½ inches below the groin and terminating in a point which, with the posterior incision, made from this point in a circular manner round the posterior part of the thigh, to the point of divergence of the inner incision, formed an angle of the side of the scrotum, equi-distant from the trochanter.

While Dr. S. Blake compressed the large artery on the pubis, I made an incision through the integuments and cellular structure to the fascia—the whole posterior or outer mass of muscular substance, &c., to the bone was then cut through, and the largest posterior artery secured; the head of the femur was next dislodged from the acetabulum, and the remaining substance on the inside cut off by one stroke of the knife, and the femoral and profundal arteries were readily secured. So firm was the compression by Dr. B., that scarcely an ounce of blood was lost. Several small arteries were then secured and the wound, eighteen inches in length, after it was closed, was secured by sutures, adhesive straps and the many-tailed bandage.

Though extremely feeble, Mr. Howard bore the operation without any complaint and seemed quite comfortable after being replaced on his bed. The parts removed were carefully examined and the bone taken out. It was partially denuded of the periosteum and softened

nearly its whole extent, and the cellular or cancellated structure was destroyed nearly to the trochanter minor. The wound was dressed on the sixth day after the operation, when the integuments were found to be united by the first intention the whole extent, except where the ligatures were left out at the inner angle. The patient regained his health rapidly and in a few months was able to go out. In the following November he rode alone in his carriage forty miles, to visit me at my residence, when he was as well as he had been previous to his illness.

ART. VI.—*Urticaria produced by Hydrocyanic Acid.*—By T. R. VARICK, M. D., New York.

THE subject of the following case is a child, aged 13 months, who was attended by me while laboring under an attack of acute bronchitis. The child had been taking the following mixture:

℞ Pulv. Ipecac. gr. v.
Mucil, Acaciæ ʒ ij.
M. a teaspoonful every hour,

which becoming exhausted, I desired it to be repeated; but owing to the druggist not having numbered it correctly, he substituted the following:

℞ Acidi Hydrocyanici, (off) gtt. xx.
Tr. Belladonnæ, ʒ ss.
Syrupi Tolutani,
Mucil. Acaciæ, āā. ℥ ss.
Aq. distillat. ʒ vijss.
M.

as I afterwards ascertained by reference to his file. The alteration in the medicine not being known, it was administered as before, when, after the first dose (a teaspoonful), the face, neck, and the outside of the arms became covered with well-marked Urticaria. I should have observed that the eruption appeared in about half an hour after the administration of the medicine, and that it subsided spontaneously in about an hour and a half after its appearance. The dose was repeated in the evening of the same day with a similar result.

Remarks.—The child has always enjoyed perfect health, is of rather a plethoric make, and is nursing. The parents both healthy. It has never had any of the cutaneous diseases. The causes of Urticaria, as laid down by Cazenave and Schedel, are the handling of the leaves of the "Urtica divica," from ingestion of certain kinds of food, especially shell-fish of different kinds, as lobster, shrimp, crab, mussel, &c. Bitter almonds, mushrooms, cucumber, salad, and even oatmeal, vinegar, honey and certain medicines, such as turpentine, balsam copaiba, and valerian, also produce this disease, (Vide Cazenave and Schedel on the Skin, American edition, p. 54—55). It may be urged that the eruption was produced by the Tr. Belladonna, contained in the prescription, as it is well known to give rise to an eruption, resembling scarlatina, with swelling of the face, (Vide Pereira, Mat. Med.). But I am inclined to attribute it to the Hydrocyanic Acid, and for these reasons: 1. Urticaria may be produced by bitter almonds, and Hydrocyanic Acid is the active principle involved. 2. The entire difference of the

eruption occasioned by Belladonna and that which appeared in this case. It may also be urged that, as the child was teething, (a fact that I omitted to mention), the occurrence of Urticaria was a mere coincidence with the administration of the medicine. But this point is to my mind satisfactorily settled, by the following facts: 1. The patient, although teething, has never had anything of the kind, before or since. 2. By the repetition of the dose similar symptoms appearing. The latter reason is to my mind the most conclusive, and entirely does away with the idea of coincidence. Another thing worthy of remark, is the smallness of the quantity which produced the symptoms, as may be ascertained by reference to the prescription, to be a little more than a drop at a doze. The acid was of Scheele's strength.

ART. VII.—*Remarks on the Alnus Serrulata, or Common Black Alder.* By JAMES HELMICH, M. D., of Zanesville, Ohio. (Communicated in a letter to the Editor.)

Zanesville, Ohio, February 5, 1847.

I NOTICED in the July No. for 1846, of the New York Journal of Med. and the Collateral Sciences, an article on *Indigenous Medical Botany,* by S. W. Williams. Among the indigenous medicinal plants named by Dr. Williams, and to which he has called the attention of the readers of your valuable Journal, is the "*Alnus Serrulata*" or common Black Alder. It is not my purpose to gainsay a word that Dr. W. has said in describing its medical use, nor am I certain that he has said all that he has to say about it; but I am sure he has not said all that should be said in its favour. Dr. W. has pointed out several uses of the Black Alder entirely new to me, viz.: repelling the milk in the female breast —the inner bark of the root being emetic—a decoction of the cones for the suppression of hemorrhage—and in hæmaturia.

I have long been in the habit of prescribing a decoction of the Black Alder, and more recently of the extract (a more convenient and eligible form) in chronic affections, and more particularly in scrofula and secondary syphilis. I have seen some of the most happy results from its use in both these forms of disease. Mrs. S— was admitted into the county alms house, with secondary syphilis of long standing, and a constitution broken down with the disease and the use of mercury; she had ulcers in the nose and palate, nodes on the head, legs, and arms; and unable to walk from stiffness of joints; indeed she seemed to be a hopeless case. She was ordered a strong decoction of the Black Alder, and a milk and vegetable diet, to which she rigidly adhered for six months, when she left the institution perfectly cured, and remains well up to the present time, a period of three years.

A clergyman's lady of this vicinity had scrofula, with open ulcers, large and ill-conditioned; she was entirely cured by the use of a decoction of the Black Alder. This lady has removed a distance of a hundred miles from this place, and although cured, she continues to use it occasionally as a preventive; she has twice sent to this place to procure, as she says, the "genuine article."

I was acquainted with an intelligent old gentlemen, (since dead), who cured in his own person a cancer of the lip with a beer made from the bark and small branches of the Black Alder.

I mention the above, not as the only cases of cure with this medicine, but as prominent cases in three different forms of disease. I am persuaded that the *Alnus Serrulata* is one of our most valuable vegetable alteratives, and deserves the careful and attentive investigation of the physician, pharmacien, and medical botanist.

More recently I have witnessed the valuable properties of the extract, prepared by the evaporation of the decoction to the consistency of thick tar; it makes a very convenient form for pills or solution. I prescribed a strong decoction of the extract, two months ago, in a case of impetigo of long standing, and which had proved very obstinate, refusing to yield to all the various plans of treatment both general and local, persisted in for more than three years. The lady was of full habit, somewhat corpulent, but general health good; the disease affected both ankles over the instep. She was directed to drink a decoction of the black alder and ℥ j. of the extract dissolved in ℥ viij. of water for a local application twice a day. In two weeks her husband reported to me "that the ℥ j. of extract had done more for her than all other remedies put together." At the present date, two months since the first application, she is entirely cured.

Impetigo is in my experience a very intractable form of disease; yet, in this case it yielded readily to the extract of Black Alder. It is the first and only case I have ever prescribed it in as a local remedy; I intend however to give it a more extended trial in some other diseases, where its tonic and astringent properties will be more fully tested.

I am informed by the individual who prepares the extract, that it is an invaluable remedy for dyspepsia, taken in doses of ʒ ss. three times daily.

I have intentionally condensed these remarks to bring them within the compass of an ordinary letter; and if you think my experience with this medicine, and these remarks are of any value to the profession, they are at your disposal.

ART. VIII.—*On the Use of Quinine*, &c.—By W. S. KING, M. D., U. S. A. (In a letter to the Editor.)

Fort Leavenworth, Feb. 20, 1847.

DR. C. A. LEE,—Sir,—In the New York Jour. Med. for November, 1846, favorable allusion is made to the practice of administering quinine, in combination with a diaphoretic. Without being aware that this mode of giving quinine had been recommended or used by others, I have been in the habit of resorting to this combination for some time past, particularly during the past summer.

The novelty and excitement incident to the Santa Fe expedition, caused much anxiety among the sick here, lest their recovery should not be rapid enough to enable them to leave with their companies. The interests of the service also rendered it peculiarly desirable that the cures should be as prompt as possible. As a means of effecting the desirable object, quinine and sp. nitr. dul. (generally, however, with the addition of tinc. opii or tinc. opii comp.) was my usual and favorite prescription. This formula was used, in several hundred cases, of intermittent and remittent fevers, and, in almost every case, with happy effect. With opium, as an adjunct to the quinine and sp.

nitr. dul., it will readily be conceived that the value of the prescription is increased, and is rendered capable of fulfilling a much greater number and variety of indications. It may then be employed in those cases of fever, where there is much restlessness and nervous excitement, and, by allaying pain, checking various symptoms, soothing and tranquillizing the patient's feelings, greatly contributes to his comfort and convalescence. The diaphoretic properties of the prescription are much increased by the addition of the opium. The power which this medicine possesses of restoring the equilibrium of the circulation and excitement, by determining to the surface, makes it particularly useful in the hot stages of fever, and enables you to use the quinine earlier than otherwise would be safe.

There are several advantages in this mode of giving quinine. 1st. There is a gain as to time, often of twenty-four hours in intermittents, and in remittents, of perhaps several days, which would otherwise be lost in waiting (as recommended by good authority) for the apyrexial intervals, before exhibiting the quinine. 2. By tending to lessen and thereby shorten, and speedily terminate the paroxysm of fever, you place the patient in a short time, in a fair way to recover, and thus diminish the liability to complications which often occur, and in a great measure secure him from the consequences of accidental affections of a distressing and dangerous character. 3. To shorten the paroxysm of fever, and thus destroy the chain of morbid influences that surround the patient, *before* the strength and restorative powers of the system are weakened, are objects of the highest degree of importance, particularly so in broken down constitutions, or, in such as are feeble and exhausted by previous injurious influences. It needs no argument to show that any means calculated to promote these results must exert an influence highly curative.

I have been much pleased with the success attending this union of remedies, and believing it to be capable of fulfilling the indications I have pointed out, can cordially commend it to those who have not yet tried this method.

Not considering that the use of purgatives or other preparatory treatment was necessary in all cases, I have frequently given the quinine and diaphoretic (with or without the opium according to circumstances) at once on the patient's reporting sick, and have had no reason to regret it. By this plan the patient is exempted from the disagreeable and debilitating effects attending the exhibition of emetics and purgatives, which in many cases may be happily dispensed with. The following formula answers very well in some cases, and where no irritability of the stomach exists, is often preferable to the one already mentioned.

℞ Tinct. Opii Comp.
Sp. Nitr. Dul. ää. ʒj.
Vin. Antim. gtt. xx.
Solutio Sulphatis Quinæ ʒj.—ʒiij.

Fiat mist. Sumatur alternis horis. The antimonial was generally omitted in my usual prescription which was similar to the above, with this exception. I do not pretend that in all cases of intermittent and remittent fever, this alone will answer, but, that in experimenting with remedies, or plans of cure, I have found that I could cure and return

to duty a greater number of cases, and in a shorter time, by this, than by any other medical treatment. I do not offer these considerations because I esteem them new, or worthy of special attention, but for the purpose of bringing the practice of using quinine in combination with various other substances, (which I believe has many advantages over the plan of giving it alone), to the attention of the profession, with the hope that farther experience will lead to improved modes of exhibiting this article, that will be free from the objections now made by some to the use of this invaluable medicine.

[No apology will be needed for appending to the above the following interesting case recently received from Dr. King.]—(*Ed.*)

Fort Leavenworth, May 3, 1847.

Dear Sir,—An article in the March number of your Journal, entitled "Deglutition excited by dashing cold water on the Face," reminds me of a case I witnessed in the winter of 1843, among the Winnebago Indians in Iowa. An Indian belonging to this tribe, in a drunken quarrel with his wife, received a severe flesh wound in the thigh. Owing to his intemperate habits, and their improper method of treatment by filling the wound with various irritating substances, violent inflammation followed, attended with severe constitutional symptoms from which he finally died. On the day previous to his death, I was requested to call and see him. When I arrived, he had lost all power of deglutition, and the nourishment his wife was attempting to administer, with the hope of preserving his failing strength, when poured into his mouth, remained unswallowed, and threatened instant death from suffocation. By my direction he was turned over on his side, to allow the fluid to escape from his mouth and enable him to breathe. His wife, who was unceasing in her attentions, then filled her mouth with cold water, and introducing a small quantity of the broth (by means of a wooden spoon) into the mouth of her husband; she immediately spurted the water from her mouth on his throat and chin, and, at the same time using gentle frictions with her fingers to the same parts. The muscles of deglutition were excited to action instantly, and the fluid was swallowed. This was repeated again and again with like success. The custom of using the mouth in the manner mentioned to eject the water, is one which prevails among almost all Indians, and is generally employed in washing their young children and offensive wounds or sores. It may not be uninstructing to notice another part of the treatment adopted by this squaw in this case. Observing the respiration to become exceedingly laborious, in consequence of a quantity of matter clogging the air passages, she procured a long feather, and passing it down the throat and larynx, it was immediately drawn out loaded with a tenacious phlegm, which she removed by drawing it between her fingers, and again introduced it. In this way, in a short time, a large quantity of matter was removed with decided and speedy relief to the patient, manifested by the breathing becoming freer and more prolonged. Occasionally she dashed the water on the chest in the manner mentioned, evidently with a view to excite the respiratory effort. In these attempts to relieve her husband she persevered until an hour before he died. He was perfectly

conscious until near his end, and encouraged her in these efforts by intelligent signs expressive of his wishes to that effect. The life of this Indian appeared to have been prolonged by the untiring efforts of this poor squaw, as I believe he would have ceased to breathe sooner, had not the timely removal of the obstruction saved him from suffocation. In the case of his death her own life was forfeited by the sanguinary code of the Indian, and she was accordingly killed by her husband's relations at the grave of the deceased, the day after he died.

ART. IX.—*Puerperal Anæmia; or a peculiar anæmic Condition, occurring in gestating and lactating Females.*—By H. N. BENNETT, M. D., of Bethel, Ct.

MY design in the present paper is to describe a certain morbid state, which I conceive to be peculiar to females who are either pregnant, or in conditions consequent to pregnancy; in short, a morbid state resulting only from the processes of reproduction. Within a few years past, I have met with numerous cases of the character which I am about to describe, and my description will be drawn chiefly from observation, as as I have never seen in the Journals or elsewhere, any accurate and complete account of this disease. Several articles have appeared at different times in the American Journal under the head of "Nursing Sore Mouth," which give a very correct description of one of the most common and decisive symptoms of the affection, namely, a peculiar inflammatory state of the buccal and lingual mucous membranes. One of these articles is by Dr. Backus, of Rochester, N. Y., another by Dr. Taylor, of Monticello, Florida. An extract from a paper by Dr. E. Hale, jr., was also published in the same Journal for April, 1842. I may refer to these articles in the sequel of this paper, only saying for the present, that the true pathology of the disease is not in my opinion, recognised in either of the papers mentioned.

According to my experience, this affection frequently commences from the seventh to the eighth month of gestation, a period at which the development and growth of the fœtus are most rapid, and draw most forcibly upon the vital powers of the mother. The female begins to assume a pallid appearance, not unlike the anæmic pallor common to cachectic conditions; but this appearance is not at first accompanied by emaciation. The appetite is often impaired, and digestion rather difficult, accompanied with gastralgia, especially after taking certain articles of diet. There is a decided tendency toward diarrhœa where the gastric symptoms are marked. The function of digestion, and the appetite may, however, at this period, remain unimpaired, and the female only complain of lassitude, neuralgic pains in different parts of the body, and some slight cerebral symptoms common to all anæmic conditions. After a continuance of this state for a longer or shorter period, it is not uncommon to witness the occurrence of œdema. This may supervene either before or after delivery, and is confined to no particular part of the body; it is very generally perceptible in the face. It may be either slight or excessive. I have known one instance in which the œdematous effusion was accompanied by alarming symp-

toms. In this case the œdema was excessive, and was attended by accidents on the part of the respiratory organs; namely, difficulty of breathing, respiration accompanied with humid *râles*, and inability to lie in the recumbent posture. The lady was delivered of twins, and notwithstanding the temporary increase of all the symptoms, after this event, she finally recovered. This œdema has no special characters, and is to all appearance, similar to that which occurs in other anæmic states.

Accompanying the symptoms just described, or immediately succeeding it, I have frequently seen the "Sore Mouth," *previous to delivery*. It is this symptom which I look upon as pathognomonic of the affection in question. The inflammation of the buccal and lingual mucous membranes, has characters which I believe to be peculiar, and which I have never seen in any other disease. Upon inspection, the parts affected appear dry and polished, of a pink color of different shades, sometimes very nearly approaching a red, while the other portions of the mucous membrane appear paler than natural. The inflamed parts are usually the edges and inferior surface of the tongue, the surface of the lower lip in contact with the teeth, and that of the cheeks. The parts thus affected, are painful and excessively tender. The first indication of the development of this inflammation is very correctly described by Dr. Taylor. There is "a sensation of soreness and heat of the tongue and lining membrane of the mouth, accompanied by a discharge of a thin watery fluid." "The patient compares the pain and heat of the mouth to the sensation produced by *scalding*." The female is compelled to avoid those articles of diet which contain much salt, or spice of any kind, particularly pepper. Sometimes even all solid food.

At a later period of the disease, you will frequently see, within the limits of the pink patches, especially upon the edges and inferior surface of the tongue, and upon the labial membrane, a number of pustules or rather vesicles of some size, containing a milky fluid, which appears as if lifting up a thickened and indurated epithelium. These pustules sometimes degenerate into small ulcers with raised edges, which are exquisitely tender. At other times, the fluid would seem to have been reabsorbed, or discharged without leaving an open ulcerated surface. In any case the ulcerations occurring in this disease, are very distinct from those of aphthous affections. I may remark, in passing, that this inflammation, particularly in its first stages, has appeared to me very superficial, and that it materially changes the character of the epithelium, which becomes thickened and of a smooth polished appearance. This inflammation is not peculiar to the mouth, it sometimes occurs upon the external organs of generation, and occasions a very troublesome soreness and pruritus. I have known but two instances of this kind. In these the mouth, and labia were affected conjointly.

While the mucous membranes of the mouth, &c., are in this condition, there are also increased symptoms of gastric disturbance. The appetite is very much impaired. All stimulating and acrid ingesta produce a lively burning sensation at the epigastrium. The bowels are sometimes constipated, but usually immoderately loose, the discharges being thin and watery. In short, the whole gastro-intestinal

tube gives evidence of severe functional disturbance, if not of anatomical lesion.

It is very commonly the case that the "Sore Mouth" does not occur until after delivery, and sometimes not until after lactation has been, for a length of time, fully established. It then, together with the gastric disturbance, (and I believe the two are inseparable), constitutes the chief evidence of the morbid state. The affection of the mouth cannot, however, as supposed by Dr. Hale, be "dependent upon some peculiar state of the system, produced by the secretion in the mammæ." I have recently attended a lady, who in the last month of her pregnancy, and for the first time, suffered very much from the "Sore Mouth," but who has not felt it since her delivery, being a period of three months, and, notwithstanding, she nurses her child, and has an abundant secretion of milk. The following case, which I shall briefly relate, and to which I have before referred, also militates forcibly against such a supposition.

Mrs. ——, pregnant with her first child, passed through all the periods of gestation in remarkable health. During the period of lactation, she suffered from the affection of the mouth. In less than a year she became again pregnant, and as the event proved, with twins. About the seventh month, she began to show the primary symptoms of the puerperal anæmia. She soon became œdematous; the œdema was general, and accompanied by the alarming symptoms which I have previously mentioned. She had also at this time the "Sore Mouth," subsequent, however, to the first appearance of the œdema. Immediately after delivery, there was an exaggeration of all the symptoms, and her life appeared in imminent danger. *There was no secretion of milk whatever*, and her infants were nourished by other means. After a period of some months she recovered her usual health. Upon her next pregnancy, at the same period, she presented the same train of symptoms, though in a minor degree. She had, however, a more or less profuse diarrhœa, during the whole of the last month. The affection of the mouth was as severe as in her former pregnancy; the œdema much less. After delivery no immediate change in her symptoms. There was a slight secretion of milk, but it was thin and watery, and her infant appeared to suffer from its ingestion. She ceased to suckle it, in two weeks after its birth. This lady has recently been again delivered of a healthy child, after passing through her pregnancy in good health, and is now suckling it, without suffering any particular inconvenience. She says, she occasionally feels the symptoms of "Sore Mouth."

I have never observed in this complaint any decided febrile symptoms. The pulse has appeared to me very similar to that of chlorotic anæmia. I have not practised auscultation in these cases, with a view to discover the cardiac and arterial *bruits* usually found in chlorosis. No case has ever occurred under my immediate observation, which progressed to a fatal termination, and I can, consequently, give no accurate account of the ultimate effects of the disease. Dr. E. P. Bennett, of Danbury, (to whom I am indebted for many observations of this peculiar form of anæmia), has, however, recently seen two fatal cases, in both of which, he informs me, there was profuse hemorrhage from the mouth and nose, as well as from the bowels. One of these

females had been in perfect health previous to conception. She died in a few weeks after her accouchement.

From the observations which I have made of this condition of puerperal females, I am led to consider it a disease, consisting primarily in a lesion of the circulating fluids; a lesion followed by symptoms known only to the puerperal state. For while this possesses some of the appreciable characters common to all anæmic conditions, yet it differs from them all in certain of its more prominent features, and especially in that of the inflammatory affection of the mouth.

The modern researches upon the blood have shown conclusively, that pregnancy exercises a marked influence upon the composition of this fluid, the most notable characters of which are diminution of the red globules, increase of the proportion of water, slight increase of fibrine, diminution of the albumen of the serum, &c. From the analyses made by Drs. Becquerel and Rodier, of the blood of pregnant females, those gentlemen derive, among others, the following conclusions: that, "in a certain number of cases of pregnancy, when it is not yet advanced, and has exercised no very sensible influence upon the organism, the composition of the blood is not altered; *in proportion as pregnancy approaches its termination the blood is in general modified*," (Gazette Medicale de Paris, 1844). The modifications observed by them, are those just mentioned. It is an exaggeration of these modifications which, I suppose, constitutes the primary pathological condition, and thus the *physiological* state of the pregnant woman, becomes the transition to the *pathological* one, the symptoms of which I have endeavored to describe. But these changes in the proportion of the constituent principles of the blood, considered isolatedly, differ very little from those which occur in other circumstances; in fact, they are very similar to those occurring in every anæmic state. Why then the symptomatic differences, and special anatomical expressions of puerperal anæmia? It is reasonable to suppose they are the result of the specific impression, made by the process of reproduction, through the medium of the nervous system, upon the entire organism, and more especially upon the assimilating organs. This view seems the more rational, when we consider that, while it is the stomach which suffers, the greatest sympathetic and indeed functional disturbance in the early periods of pregnancy, it is also this organ and its dependencies, which manifest the most prominent lesions from the disease in question. The fact that there is frequently no appearance of this difficulty, until a certain period after the commencement of lactation, is to my mind, only another evidence that its primary cause is the impoverishment of the blood from the establishment and continuation of a function consequent to that of gestation. The vital fluids already somewhat exhausted in the nutrition of the fœtus, and by the losses consequent to delivery, are unable to sustain any further drain, without inducing true pathological changes in the solids; and modified by the specific impression of the reproductive process upon the economy, which is continued even in lactation, these changes still retain a special stamp.

As this paper has already reached some length, I shall defer the consideration of *treatment* to a future number, when I may also refer to some facts which further illustrate the pathology of the disease.

ART. X.—*Case of Hydatids of the Uterus.* By WM. H. HANCHITT, M. D., of Cold Water, Michigan.—(Communicated by Professor C. B. Coventry, M. D.)

MRS. C., of Cold Water, Michigan, aged twenty-five, of a sanguine temperament, and firm constitution, had always enjoyed good health from infancy, with the exception of an occasional attack of intermittent fever, of short duration, which left her free from organic or functional derangement. She is the mother of three children. I attended her in the delivery of the last two. These labors were natural and easy, as also was the first, as I was informed. She always had a good getting up after each confinement. She never had a premature birth; never suffered any derangement of the menses, except from pregnancy. There is a difference of about two years between the birth of each of her children.

She had a return of the menses when her youngest child was about a year old, still nursing it, as she had with her former children. About the middle of February, 1844, she had a full and natural flood of the menses, which was the third or fourth time since her last labor; her youngest child being about fifteen months old. Two weeks from her last menstrual period, she jumped from a low broad fence, and immediately on alighting, she was taken with severe distress in the back, which extended to the hips and through the whole pelvis, and nearly produced syncope. She however, soon recovered, so as not to suffer any particular inconvenience, only some slight pain and uneasiness, which made her pass a restless night, but she slept well in the morning, and arose feeling perfectly well, and did not recollect suffering any from the injury after. Two weeks after the injury, making four weeks after the last menstrual period, she was slightly feverish; had morning sickness; no return of the menses; and considered herself pregnant. She noticed nothing in her symptoms different from those in former pregnancies, excepting in degree, being more severe, and continued bad up to the end of the third month, having formerly subsided in a few weeks. She does not recollect of having pain, or tenderness, in the region of the uterus.

August 7, 1844. Summoned to visit her in haste, found her flooding severely, but sitting up; slight pain in the back; no bearing down, or periodic pains. (I had not been advised with regard to her pregnancy before this, but considered her so, as I had seen her frequently; did not know of the injury she received in February.) Considered herself in the 6th month of gestation, having menstruated the last time about the middle of February. Her pulse was full, not compressible; face flushed, and heat moderately increased. She had been making a bed an hour before, and was seized with flooding immediately after lifting the feather bed, which she said strained her back, and left a constant but slight distress across her loins. I took sixteen ounces of blood, advised her to keep her bed, and not to leave it on any occasion. Morphine and acetate of lead, once in two hours; cold drinks and low diet.

August 8. Found her comfortable; pulse natural, skin cool, flooding stopped, having ceased a few hours after first visit. No pain in her back, or distress across her loins. Prescribed salts and senna; after

the operation of which a powder of the morphine and lead, and discontinue if the flooding did not return.

August 9. Found her sitting up; cathartic had operated well; had taken one powder of the morphine and lead, and slept well during the night. Pulse natural, skin cool; no pain, soreness, or flooding, or any inconvenience, save slight debility. Advised low diet; very little or no exercise; allowing her to walk about her room, and to keep her bowels soluble with an occasional Seidlitz powder.

September 14. I was called to visit her in haste; found her flooding freely. She had taken considerable exercise the past month, and had eaten heartily of nourishing diet. Her pulse was moderately increased in frequency and force; hands cool; face flushed; chest and abdomen hot. Attempted to open a vein, but she fainted from excitement, while I was ligating the arm. She is always much excited about being bled. Have had to abandon it at other times from the same cause. Gave full doses of acet. lead and morphine; ten grs. of the former, and one-half gr. of the latter, once in two hours. Called again in a few hours; flooding had ceased; pulse slow, soft, and skin cool and dry; stomach slightly nauseated. The distress she complained of in her back on my first visit to-day, entirely relieved. Abdomen more enlarged than usual for her at this period of gestation, and had been larger from the commencement than at similar times in former pregnancies. Ordered quiet, cool drinks, recumbent position, a Seidlitz powder once in two hours till the bowels were freely moved; and then, if the flooding returned, give the powders of lead and morphine in half doses, once in two hours till it ceased.

September 15. Found her up and walking about the house, giving directions to the servants; flooding has not returned; Seidlitz had operated freely; felt quite well, had eaten some breakfast. I have here stated that during these attacks, and indeed through the whole period of the case to its final termination. I could not discover that there was the slightest propulsive effort of the uterus, though I had frequently questioned her on the subject. I urged the necessity of her keeping quiet, to avoid even lifting a pail of water, making her bed, or sweeping her room.

October 16. Was requested to visit her, and found her flooding moderately, and had had several light attacks of hemorrhage since my last visit. Notwithstanding my injunctions, she had exercised considerably about her domestic affairs, eaten heartily, walked some distance to her neighbors and to church. Found her pulse feeble, skin cool, face pale, and slight distress in her back, but subsided some during the last month, but as large now as usual for her at this period of gestation. I now learned from her that she had discovered no motions since she considered herself pregnant. This led me to suppose that there might be some thing unnatural. I now learned, for the first time, of the injury she received in jumping from the fence two weeks after her last menses, but I could not attribute much to that, as she did not suffer much inconvenience from it. On questioning particularly, I found she had suffered much during the first three months, with acid stomach, headache, and severe morning sickness. Through the fourth and fifth months, up to the time of her first attack, she had felt well, being entirely free from the above supposed symptoms of pregnancy.

I now made a thorough examination of the abdomen; found no tenderness on firm pressure; could feel a large mass of an oval form which presented a uniformness on every part; stated to the patient my fears that she was not pregnant, and proposed an examination per vaginam, but was urged to delay a short time, advised perfect rest, mild diet, and to obviate costiveness with an occasional Seidlitz powder, and use injections, per vag., of sulph. zinc, twice a day, previously cleansing with warm soap and water.

From this time I knew little of her till Jan. 9th, 1845, when I was requested to visit her. I found her very feeble, with a cool skin, feeble, frequent pulse, very easily compressible, face pale, countenance sunken, stomach irritable, appetite poor, and bowels costive; no soreness of uterus but a constant aching distress in the back. There was some discharge from the uterus, without color, in the forenoon; but about 4 o'clock, P. M., the skin would become hot; face somewhat flushed, and pulse increased in force and fulness, and the discharge entirely stop. I found she had had a slight discharge every day since my last visit, October 16, 1844, sometimes quite free and considerably colored; at others scanty and without color. She was only able to be dressed in the morning, moved to a lounge in her sitting room, and spend the day in a recumbent position. Eleven months had elapsed since she supposed herself pregnant. I insisted on an examination *per vag.*, to which she consented. I found the os uteri a little open, but not enough to admit the end of my finger. The neck of the uterus was partially obliterated, and very firm and unyielding. By pressing on the abdomen, I could pass my finger quite a distance around the mouth of the uterus externally, but could not enter it with firm pressure. There was not the slightest tenderness on pressure. I could discover nothing but a uniform, solid, slightly elastic substance in the uterus. My hand was not colored in the least by the discharge, which consisted of transparent mucus-like matter, without any particular odor. I told her that I thought there was a semi-organized mass in the uterus, nourished by a vascular connection, but could not say at that time it was of the nature of hydatids.

My friend Dr. Sprague, of Cold Water, was now called in council, and after deliberation, we concluded to administer the *ergot* in order to excite the action of the uterus to throw off the mass, and a day was set for the trial. Previous to this time, however, I had another examination per vaginam. The os uteri was firm and unyielding. I told the friends I feared the result; we should probably separate the mass, and should not be able to force it through the mouth of the womb, and fatal hemorrhage might be the consequence. I would propose a palliative course, and wait the result; that ultimately the case would come to a state in which the os uteri would be dilated or dilatable, and the uterus take on action to expel its contents, and then we might use such remedies to assist as the nature of the case might indicate. This was consented to.

In addition to the symptoms mentioned above, I should have stated that she has symptoms of torpid liver, as icterode skin, jaundiced eye, and costiveness, showing that her other symptoms are influenced more or less from this cause.

Ordered grs. x. calomel in a tablespoonful of oil, to be taken at six P. M., that it may operate during the fever, after the operation

of the calomel, ¼ gr. morphine, and the following to be taken during the cold stage, quinine gr. j., camphor gr. ij., morphine ¼ gr., once in four hours. Small doses of Dover's powder during the fever.

Continued the above powders for 7 or 8 days, with a dose of pills every other night, composed of calomel, rhubarb and aloes, equal parts. Under this treatment she recovered from the evening exacerbations of fever, and the morning cold stage; the icterode hue of the skin disappeared, the capillary circulation became good over the whole surface, appetite good, strength much increased, and scarcely discharge enough from the uterus to stain the linen; what there was resembling the lochia. The abdominal tumor stationary, os uteri as firm as ever.

I now prescribed a decoction of red cinchona, cinnamon and rhubarb in equal parts, mixed with the same quantity of good Port wine, two tablespoonfuls three times a day. She continued this till the middle of February, and constantly improved in strength, but had occasionally a slight return of the discharge *with color*, and all the time some discharge which was colorless.

At this time she received a visit from her mother, and accompanied her home to Detroit, a distance of 110 miles, 25 miles in a carriage and the remainder of the distance by rail road.

Dr. P. of Detroit, after an examination of the case for a few days, decided on giving her ergot on the supposition, probably, that it was either a case of polypus or hydatids of the uterus. It was, however, soon discontinued, on account of its producing considerable hemorrhage, &c., and remedies were given to counteract its effects, followed by the palliating and strengthening course I had adopted.

She continued under Dr. P.'s care till the middle of April, when she returned home, and placed herself again under my care.

I found her very much in the same state of general health as when she left two months previous; she had become quite discouraged and melancholy. Dr. P. predicted that she would eventually recover, regarding the case as one of hypertrophy of the uterus.

I made an examination per vag. It will be recollected that at my last examination, two months previous to this, I found the cervix uteri not more than half obliterated. I now found it *wholly obliterated*, but the os tincæ would only admit the end of my finger, and was very firm and unyielding. The abdominal tumor was not much altered. She felt as though there was a dead weight, a ball in the abdomen that would roll from side to side, as she turned over. The distress she had all along suffered in her back was somewhat increased. I informed her that my former opinion was now doubly strengthened; that there was a mass of something in the womb, which was nourished by a vascular connection with the uterus, probably of a placental character, and that the floodings had been caused by detachments or ruptures of the connecting vessels, by jolts and jars from exercise. There had never been the slightest bearing down or propulsive effort of the uterus, but yet there was a slow, but constant change taking place in the cervix and os uteri. In my opinion, the diseased action was drawing to a crisis, and ultimately there would be a natural effort of the uterus to unburthen itself. The flooding was trifling, her strength improving, and I had strong hopes of a favorable termination of her disease. I thus rekindled a gleam of hope in her mind, for she had entirely given up all hope, and became a perfect victim of despair and melancholy.

Continued the use of the bark and wine, having occasional resort to the quinine, to prevent the return of the evening fever, and used a saturated solution of sulph. magnesia, acidulated with sulph. acid., to obviate costiveness, with which she was troubled. Under this treatment her general strength slowly improved, until she enjoyed very comfortable health.

May 22. I was called in haste—found her on her bed, icy cold, face perfectly colorless; in almost constant syncope, occasionally gasping for breath—no pulse perceptible at wrist; was informed that 15 minutes before I was called in, she was seized with violent bearing-down pains while conversing with her friends. She immediately went into a bedroom and the women present assisted her on to a vessel; in a short time she fainted. When they removed her, the vessel (a chamber pot of common size) was seven-eighths full of blood. I prescribed sulph. ether, and camphor, mustard sinapisms to stomach, legs and arms. On examination *per vag.* found os uteri dilated as large as a 50 cent piece, soft and yielding—slight propulsive effort of uterus;—gave small quantities of warm water and brandy, camphor and ether. She soon recovered considerably. I now gave 20 grs. of ergot, and repeated it every twenty minutes till she had taken 5 doses; five minutes after the fifth dose, she began to have light but frequent pains, and in about six minutes, a large mass of hydatids was removed; slight afterpains followed, with trifling flooding; and she passed a tolerably comfortable night.

The mass of hydatids, when first removed, was enveloped in the membranes, and was a perfect cast of the shape of the uterus. The old detachments which had occasioned the flooding, were distinctly marked on the mass, which extended from the cervix upward, about equal on all sides, and constituted about one-eighth or one-tenth of the whole mass.

She had slight chills and fever for two or three days, which readily yielded to a moderate use of quinine. The lochial discharge continued about three weeks. The bark and wine was continued all this time. The discharge from the uterus ceased in about four weeks; on the 29th day after, she was taken with flooding again, quite freely. The blood coagulated; ordered lead and morphine, which checked it in a short time; a colorless discharge now continued two weeks, when it entirely subsided. Prescribed tinct. mur. iron. Four weeks from time of last flooding menstruation returned—after this I gave her a pill composed of carb. iron, sulph. zinc, and ext. cinchona; also, occasional injections of solution of sulph. zinc. At the end of next month she again menstruated regularly, when all remedies were discontinued.

When the middle of September, 1845, arrived, the expected catamenia did not return. She was troubled with slight morning sickness, for a few weeks, and from that time up to the present, (Dec. 17th), she has rapidly regained her strength and health. Has not menstruated since the middle of August—abdomen about as large as at the fourth month of pregnancy. She says she feels motions distinctly, and thinks without doubt she is pregnant.

ART. XI.—*On the Influence of Malaria in the South-west.* By DR. A. G. LAWTON, of Marshall, Missouri.

I did not intend to take up this subject again so soon, but I have been induced to offer some further remarks, in consequence of a communication from Dr. Gist, of Mississippi, which appeared in the March number of the New York Journal of Medicine.

Dr. G. it appears, has little confidence in the potency of this so-called enemy of man, (malaria); but upon what grounds he rests his opinion, does not fully appear; as he is however in favor of a philosophical disposition of the subject, I will not object to malaria being called *a gas*, or even *carburetted hydrogen*, in combination with some unknown element, or as some say, an excess of carbon in the air; but until this is proved, we can do no better than to call it with the Italians, MALARIA.

It is evident that the atmosphere is capable of holding suspended an immense amount of matter, which rises from the earth in a gaseous form. In the incineration of wood, the greater part of which passes into the air, the atmosphere contains many principles which neither the chemist nor a common observer can detect. And it is just as reasonable to believe, that there is a substance evolved from the earth's surface, or from decomposing matter, highly obnoxious to animal life, which may produce certain effects, as intermitting disease, as it is to believe, that carburetted hydrogen is generated in the coal mines of England, or that it exists in stagnant pools of water.

The Doctor goes on to state the prominent causes of disease in the South, as, "the sun's rays, the long summers, atmospheric vicissitudes, humidity, &c." I think that solar heat, as a morbid agent, is greatly overrated, for I believe it seldom or never operates, as a predisposing or primary cause of disease. The supreme ruler of the universe, has given us this beautiful orb of light, for the sole benefit of all earthly existence, under whose benign influence all nature is quickened into life, and under whose life-cheering rays, flowers bloom, and vegetation grows; withdraw this influence, and earth is but an empty void of darkness and despair. Sometimes indeed we notice a blade of corn to wilt and perish on a very hot day, being unable to resist the intense rays of the sun. But when it does so, we may generally find a worm at the root, or the root is in some way diseased or affected; and when the sun's influence takes effect suddenly on man, we shall generally find by a careful examination of the case, that the patient's constitution is already under the morbid influence of some more potent agency.

Now it is not possible that a source, from whence such countless blessings spring, can at the same time be a silent dispenser of disease, sapping the foundation of that very life which it nourishes and supports.

If the sun's rays, or solar heat, were so great a cause of disease, it would follow, that disease would exist, cæteris paribus, according to their intensity, which is not the case, for many countries are healthy, although situated in very warm latitudes, and this is the case whenever we find a barren soil, no swamps or stagnant pools, good water, &c.

The firemen employed on steamboats, navigating our great Southern rivers, are not only exposed to the intense rays of the sun, but to a still more intense degree of heat from the furnace. But in all my tra-

vels, I have never been able to discover, that these men were more predisposed to disease than others, but on the contrary, I have heard it confidently asserted, that they were less disposed to disease than other individuals employed on these boats.

The moon, as well as the sun, was formerly supposed to have a powerful influence over animal bodies. Psalms cxxi. ver. 6. "*The sun shall not smite thee by day, nor the moon by night.*" Here they attributed the same effect to the moon, (a stroke of the moon). Is it not probable, at least, that this supposed influence of the moon, noticed by them, came from the miasma, or marsh poison, falling with the night dews, and that it only happens in malarial countries, at certain seasons of the year; at which times, if individuals are greatly exposed to this poisonous night air, if the moon did not strike them, (as they supposed), the sun very likely would. Persons exposed to malaria at night, have awaked in the morning palzied, the muscles on the side exposed to the dews being paralyzed. A circumstance like this occurred to myself once, by sleeping between two open windows, as I slept directly in front, and near the window where a current of night air passed over my body.

Now in this case, I believe the poison took effect through the skin. I have often noticed that after being exposed to night air in August and September, I felt the effect of the sun's rays more intensely than before. And this comes in consequence of a debilitated state of the nervous system, which is produced by the influence of this malarial poison. Such circumstances have often been noticed in India, where malarial diseases have prevailed from time immemorial.

What am I to understand, when medical men speak of humidity as a morbid agent. Do they mean the actual presence of water in the air, as from fogs, mist or rain, or the natural moisture of the air, or a certain noxious vapor, which is found only in certain places, and in very dry times, which gives to the air an increased specific gravity, settling on the low places, along the streams, passing up ravines and over the lowlands, impinging on certain localities, wherever the force and current of the wind sets. If this latter is what they mean, it might as well be called *malaria* at once, but if they mean the former, then we are at issue.

For the most sickly time generally happens in the driest of the year, subsiding soon after very heavy falls of rain, and the most healthy time is in the rainy season, in the first half of the year.

And it often happens that the most humid countries are very healthy, as Holland, and some other parts of Europe, and in some localities, where it never rains, malarial diseases are common, as in Egypt. And as you go from the great lakes on the north, towards the equator, the sensible humidity of the air lessens, but disease does not. In Madison county, New York, in 1836, from tables of the weather it is noted: "Fine or clear 75 days, cloudy, with sometimes fog or mist 146 days, rained or snowed on 144 days," (365). In Saline county, Missouri, in 1845, from tables: "Fine or clear 170 days, cloudy with sometimes fog or mist 113 days, rained or snowed on 82 days," (365).

In Mississippi, in 1839, not from tables, but from an observer who occasionally noted down, for the accuracy of which I cannot vouch, yet

I think it near the truth. Fine or clear 237 days, cloudy with some times fog or mist 75 days, rained or snowed on 53 days,—365.

It may be remarked that the most of the rain that falls in Mississippi, falls in the cold half of the year, which is not the case as you go north. Thus it will be seen, that as we approach the great lakes on the north, the sensible humidity of the air increases, until more than one-half of the year the air is loaded with aqueous spray, and yet this is a healthy country. In the southern country, the lumbermen will go into the cypress swamps, and work there for months, getting out timber, which they float out in the spring, for every spring a great part of these swamps are inundated, at which times these men work in the water for weeks, and this is done in the rainy season, the time of fogs, when these men are not only in the water for weeks, exposed to rain at the same time, but they often sleep in the open air; many times they will come out of the water with their clothes dripping, and lie down in a skiff, and sleep there all night, with nothing over them but a blanket, and enjoy the best of health all the time. But let them do this in August and September, when there has been no rain for months, when the earth is parched with drought, and the ground dried and cracked open, and there is very few of them that would ever live to get away.

When atmospheric vicissitudes produce primary disease, it is never characterized by that peculiar type and grade, which is common to malarial diseases. A man is exposed in a malarial district, although he does not immediately fall a victim to its influence, yet its effect is no less certain, unless it is counteracted; which effect will become manifest, sooner or later, whenever circumstances favor its development. For malaria does not always take effect suddenly, but debilitates and enervates the system, from which the individual may not recover for some time after the poison ceases to be applied. Under these circumstances, although he may have gone far away from this baneful influence and even into another country, where these diseases are not endemic, yet his nerves are unstrung by its former influence, which renders the nervous system incapable of resisting external impressions, when by the application of some secondary cause, as cold, over-exercise, or the sun's rays, a disease is developed, malarial in all its features. For instance, I left New Orleans on the first of June, in tolerable health, except a little bodily depression, and went to the northern part of New York, via Mackinaw Straits. At the place where I stopped, intermittents were never known, nor a fever of that grade. Nearly two months after leaving that country, and while in New York, after exposure to over-exercise and cold, I took a fever precisely in character and type like the prevailing fevers of the south-west, and throughout its entire course manifesting the same symptoms.

An acquaintance of mine spent two years in a malarial district, in which time he had ague once, after which he returned to this same place in New York, in good health as reported; after being there six months he had a severe attack of ague, and suffered five paroxysms, two of which were quite severe, and this occurred in the month of March, on a high hilly country, where an ague was never known to originate; I have many other cases on my note book, but these will suffice.

Now here are cases, where the seeds of disease had long been sown, lying dormant as it were in the system, yet it failed not to produce a disease of its own kind. Thus we find, that when this poison takes effect on the human constitution, however varied the condition or circumstances of the patient may be, it is always followed by the same train of morbid symptoms, and whenever we find these symptoms to arise in, or follow disease, we will also find by a careful examination of the case, that malaria has produced it.

Dr. G. says that "the most sickly time occurs, when the wind sets long from the north-east." I have often noticed that to be the case in the south, but in the latitude of Missouri, a dead east wind is most apt to bring sickness and blight. When the wind sets long from an eastern direction, the fruit trees being in blossom, the fruit is often blasted, and the same happens to wheat, when the wheat is in blossom, the weather being warm, with a protracted east wind, the wheat is often blasted, or much injured, which are circumstances often noticed by farmers.

But this wind passing over a vast extent of country, whose mean temperature being generally about the same, not too hot, nor too cold for the generation of malaria, not only facilitates the extrication of the poison, but takes it up with avidity, bearing it along in its course, and this wind having less velocity than any other, becomes capable of holding suspended a greater amount of foreign substance; hence when this wind blows long at certain seasons of the year, it is very apt to be followed by sickness, mildew and blight.

ART. XII.—*Some Remarks on the Treatment of Lying-in Women.*—By JA. C. BLISS, M. D., of New-York.

Temperature of the Apartment.—Females, according to my observation, suffer more from over-heated and improperly-ventilated apartments than from any; and perhaps, all other causes combined. At an early period of my professional life, I was led to notice the injurious effects of too much heat and confined air in the Lying-in apartment, while resident Surgeon of the New York Hospital. At that time, there was a ward appropriated to this class of patients, and in cold weather it was heated by a metal stove, and it so happened, that almost every patient, whose bed was near it, was affected with febrile paroxysms, inflammation of the mammæ, bronchitis, or some other difficulty, which made recovery slow and uncertain, while those who were placed in a remote part of the ward rarely suffered from any of these affections, and got up much sooner from their confinement. Since that time, I may remark, that I have hardly known an instance where the bed of the patient was near the fire place, or where the apartment was kept too much heated and ill-ventilated that the patient has had a good recovery, and I now regard it almost a matter of certainty, that if I can not have the control in these matters, my patient will as a consequence, suffer more or less seriously. My experience has been so uniform on this subject that ventilation and a proper regulation of the temperature of the Lying-in room claims my earliest and constant attention.

A case, illustrative of what is here insisted upon may with propriety be cited. Some time since I attended the wife of a clergyman, in the

winter season. Her apartment was heated by an anthracite coal stove. After she got to bed, I directed the stove to be removed, and the fire to be made in an open fire-place. The next day on making my visit, I found my directions had not been complied with, and that the air of the room was confined and unduly heated. I renewed my directions to have the stove taken away, and stated that if it was suffered to remain I had little doubt the patient would suffer serious consequences from it. The following day I found the stove still in operation,—my patient with a flushed face somewhat excited and with a heated skin. I remonstrated with the husband and nurse for disregarding my injunctions, and insisted upon the immediate removal of the fire as essential to the safety of my patient. Some neutral salts were directed and I left her. The following night I was called out of bed by her husband, with an urgent request that I would hurry to her, as he believed her to be dying, and feared we should not find her living when we reached her residence. On entering her apartment, I found her laboring under an attack of peritonitis of most intense character. The pain so excessive as to occasion constant shrieks,—the abdomen tumid and extremely tender to the touch, with a highly excited state of the vascular system. She had been permitted to suffer under the disease for several hours, by a stupid nurse, and her situation was unknown to her husband till he was aroused from his slumbers in a remote part of the house by her agonizing cries. The disease was so violent that although the patient was a young woman of vigorous constitution, there was too much reason to fear that the apprehensions of her husband would be speedily realized, and that she would sink under the force of disease. She was, however, rescued from impending death by active remedies very promptly applied: the principal being copious blood-letting, which was resorted to twice in the course of two hours, and carried to the extent of producing syncope in both instances. At the time of this visit, notwithstanding my repeated warnings and predictions had been verified, I found the stove still in its place filled with anthracite coal, completely ignited and emitting its usual volume of heat. On inquiring the reason why my injunctions to have it removed had not been complied with, after insisting upon it for the third time, I was informed the husband and nurse had conferred together after my visits, and concluded to let it remain, as in their opinion the doctor had some unnecessary apprehensions from the heat, or some unreasonable prejudice, and thus the valuable life of the mother of a young family was near being sacrificed by the pertinacious obstinacy of those to whose care she was entrusted, in disregarding the advice which had been given them.

Rest and Exclusion of Company.—Lying-in women suffer often very much from not being kept in a tranquil and quiet state after confinement. The mind of a female after she gets to bed is generally in a more or less excited state, and the system is exceedingly irritable.—The happy state of mind which they experience after being safely delivered, frequently inclines them to see and converse with their friends, and they can scarcely persuade themselves after being relieved from their sufferings and when they feel perfectly well, that they can be injured by so slight a cause. Their friends too can hardly realize when they find them cheerful, keenly enjoying company and conversation, that such interviews can be followed by any bad consequences, and

they, as well as the patient, are disposed frequently to disregard the directions given them on this point. I have at this time a patient who has been suffering for two or three days under an attack of fever, induced from the confusion and noise of having her children in her apartment, and seeing two or three visitors the fifth day after confinement.

The nervous system in these circumstances is always in an exceedingly susceptible state, and disposed to receive strong impressions from slight causes. The early admission of company was in one instance in my practice, evidently the cause of puerperal mania, and which would probably have been prevented by quiet and repose. A most melancholy instance occurred with me some years since in a lady after her eleventh confinement. She was of a peculiarly susceptible constitution, and had before suffered after her confinement when subjected to disturbance of any kind. She was going on very well after her confinement till the 10th day, when a wedding of a relative took place in her house. The day previous to its occurrence I visited her, at which time she told me she exceedingly dreaded the occurrence, and referred to an incident of the same kind, which took place under similar circumstances, and said that at that time she was almost killed by the confusion it occasioned. I advised her to keep her room closed, and herself secluded from the company, and in that way prevent any injurious consequences. This advice could not be wholly complied with, and she became very much affected after the performance of the marriage ceremony, by taking leave of her friend to whom she was very much attached. She sat, however, for some time afterwards in her chair and employed herself in preparing wedding cake for distribution. She then stated to her nurse that she felt exhausted and would lie down. She was assisted to prepare her dress for the purpose, and reclined on her bed. In a moment after, the nurse observed her to rise from her pillow and throw herself forward, and then fall back on her pillow and expire. This sudden and unexpected termination of the life of a most estimable woman could only be accounted for, from the shock which her nervous system had received from the disturbance and confusion to which she had been subjected.

The early exhibition of Purgatives after Confinement.—With many labor is ushered in or preceded by a loose state of the bowels, and it usually happens that they are relieved in the progress of labor. This seems to be a wise provision of nature to facilitate the process of parturition and prevent any evil consequence after its completion, by the accumulation of feculent matter in the lower bowels. But notwithstanding this, it is the uniform practice of some, to exhibit an active purgative to a patient within twenty-four hours after delivery. The effect of this is, to disturb and irritate the system, at the very time when perfect quiet and rest are most needed, and in this way early recovery is retarded, and in some instances disease is kindled up, which would not have occurred, if it had not been for such improper interference. There seems to be an impression on the minds of some, that in childbearing the patient is in a state of disease, which is to be combated by active antiphlogistic remedies. But this process is a natural one, and art should only be called upon to aid nature in her work where her powers are inadequate.

Where there are not particular reasons for the early exhibition of

purgative medicines, they should be deferred till the patient has in a measure recovered from the fatigue, exhaustion, and irritation incident to labor, or till the excitement induced by the secretion of the milk appears. Agreeable to the teachings I had received, I was accustomed in the early part of my professional life, to exhibit an active cathartic soon after my patient was delivered. Experience taught me, that this practice was frequently followed by unpleasant consequences, and for some years past, I have in some instances omitted them altogether, and if necessary to relieve the bowels, have directed injections for this purpose, rather than disturbing my patient with purgatives. When I have judged it expedient to give purgative medicine, I have preferred not giving it till the third or fourth day after confinement. In choosing my remedy, I have also been in the habit of prescribing laxative doses rather than those of a more active character, to avoid exciting too much the bowels of my patient. Small doses of castor-oil, the eccoprotic mixture, or some mild pills, have usually been employed.

The circumstances under which it may be proper to give purgative medicines early, are, when the after-pains are protracted and severe, and do not readily yield to warm tea, an injection or an anodyne; under these circumstances the operation of a purgative frequently puts an end to them: generally by expelling clods, which may have formed and been retained in the uterus. It may be best, also, in some instances when the bowels have been constipated before labor, and fœcal matter accumulated, which, if retained, might be followed by disease. They may also be proper, when there is febrile excitement after delivery, to give purgative medicine occasionally, if injections and rest should be insufficient to overcome it.

Diet of Lying-in Women.—Most women suffer more or less from indigestion during gestation. This is particularly the case with females who, from their circumstances in life, have the means of indulgence. Their habits are peculiarly unfavorable to health; especially is this the case with the wealthy. They suffer greatly from the want of proper exercise in the open air and those active employments, which contribute to the healthful performance of the functions of the body. Another fruitful source of disease among this class of women, is the improper aliment, in the use of which they indulge—such as tea and coffee, pastry, confectionery, the various forms of hot or fresh bread-stuffs, and compound and high seasoned viands, the dissipation of late-hour entertainments, irregular sleep, the excitement of fashionable life, and inattention to the regular functions of the body, which is very common among young females. Another source of mischief, which is too often overlooked, is the influence the light literature and works of fiction with which the community is flooded, is exerting not only on the moral susceptibilities, but also on the bodily health, through the medium of the nervous system, over which the operations of the mind exert such a controlling influence. All these causes exert a most disastrous influence on our young females, in disqualifying them for the duties of life, and impairing or destroying their capabilities for the office of wives and mothers. The consequence of all this is, that most of our women who are in easy circumstances in life, when they come to the period of confinement, are enfeebled with derangement

of the digestive functions, and morbid irritability of the nervous system. It is very common to put such patients on a rigid diet of gruels, teas, panada and other slops, and exhibit at the same time active purgative medicine. The patient is kept on this fluid spare diet, with the view of preventing febrile or inflammatory affections, and also with the intention of promoting the lacteal secretion. This course is not unfrequently continued for two or three weeks, till the patient is very much reduced in strength, the digestive powers much impaired, and the nervous system greatly deranged. It is not unusual under these circumstances for the mouth to become sore, and the irritation to extend to the mucous membrane of the stomach and bowels, producing obstinate diarrhœa, which cannot be controlled till the patient ceases nursing and the whole course of regimen is changed. Another evil which not unfrequently grows out of this injudicious treatment is, that latent phthisis in those predisposed to it, is suddenly developed and the young mother is hurried to an untimely grave. Excessive flow of milk is another consequence resulting from the patient being kept on an improper diet, and which frequently keeps her extremely weak and lays the foundation of serious disease. The least evil that grows out of the practice is, that the patient is kept in a miserable state of debility during the period of lactation, and the child half nourished, is feeble and wretched, and frequently becomes the early victim of disease.

When the patient has stomach-difficulty, or is disposed to be affected with indigestion, fluid nourishment should be avoided from the beginning, and the patient directed to use solid food, which is not of a stimulating kind, as bread, crackers, rice, fresh eggs, oysters, &c., and when these articles, from the impaired state of the stomach, will not digest, she should be allowed animal food at once, in moderate quantities, and when the lacteal secretion is fully established, and the excitement consequent upon it passed off, the diet should be generous, with a full proportion of animal food, and when it can be borne, malt liquor or small potations of brandy with water. In case the secretion of milk is excessive, the patient should be restricted in the use of fluids, and the thirst which occurs in such cases, should be allayed by washing the mouth and throat frequently with cold water.

This course of regimen, if commenced early, will generally control the lacteal secretion so as to prevent evil consequences from being in excess, and it will also generally prevent sore-mouth occurring.

When this latter difficulty does appear, it should claim early attention. The patient should be directed to take as food broiled or roasted beef or mutton, venison and game, with the exception of water-fowl, stale bread or crackers, rice and potatoes, where they agree, avoiding all vegetables which are not of easy digestion, tea and coffee, unless in very small quantities. This diet should be insisted upon, even when mastication of solids occasions pain. The patient should be directed the use of malt liquor, unless diarrhœa exists, in which case, a small quantity of brandy should be substituted. The nitric acid, in small doses, is generally a very useful remedy, a drachm to ℥ xxiv. of water. A tablespoonful to be taken four or five times a day before eating. Quinine also and an infusion of simple bitters, will generally have a good effect. Chamomile, quassia, or wormwood tea, may very properly be substituted for other drinks between meals. They have a good effect in restoring the tone of the stomach, and the patient is not

liable to use them to excess as other drinks. Where constipation occurs, the bowels should be kept open with some laxative pill, or with the eccoprotic mixture in small doses. If diarrhœa occurs, it should be restrained by opiates and the cretaceous mixture with mild astringents. If these remedies, and the diet above pointed out fail of arresting the difficulty, the patient must cease nursing before it goes to the extent of endangering her recovery. The avoidance of fluids should be strongly insisted upon where there is sore mouth, and in case of excessive lactation, or all our remedies will prove ineffectual. This is the more important, as the thirst is frequently as great as in diabetes, and very difficult to allay.

Local applications to the mouth rarely do good, unless the condition of the digestive organs is first improved. The most useful remedies are the solutions of sub-muriate of soda, sulphate of copper, and the nitrate of silver.

Rising too soon from Bed after Confinement.—The uterus and its appendages are always, after confinement, in a state which disposes them readily to disease, and perhaps, no one thing so frequently gives rise to morbid affections of these parts, as the patient being permitted to get on her feet, and walking too soon after delivery. The congested and sub-acute inflammation sometimes affecting the muscular tissue of the uterus, at other times the mucous membrane of the organ, and of the vagina; those painful affections denominated hysteralgia, which several diseases, in popular language, are known under the general term of falling of the womb, are commonly the consequence of this injudicious management, and months and years of suffering are entailed upon the patient by her own folly or that of her attendants. As a general rule, it is better to keep the patient in a reclining posture for ten days or a fortnight after the birth of the child. At the end of which period she should be permitted to sit in a chair, and at the end of three weeks she should be allowed to be on her feet for a short time. If there is a tendency to disease, or if it has previously existed the patient should be kept in a horizontal position till the expiration of a month or six weeks.

PART SECOND.

Critical Analysis.

ART. XIII.—*Observations on Aneurism and its Treatment by Compression.*—By O'BRYEN BELLINGHAM, M. D., Edin., Professor in the School of the Royal College of Surgeons in Ireland, 12mo., pp. 181, London, 1847.

OUR thanks are due to the distinguished author of this very able and comprehensive treatise on the treatment of aneurismal diseases by compression, for sending us an early copy, and we beg to assure him that we have read it with great interest and satisfaction. We present a brief analysis.

The treatment of aneurism by compression is not of modern origin. Its early history, indeed, is intimately mixed up and associated with that of the treatment of wounds of arteries. In some cases the pressure was applied to the aneurismal sac, and the artery leading to it; sometimes to the capillary side of the tumor, and in some instances the entire limb was at the same time compressed. The pressure was effected, in some cases, by compresses and tight bandages; in others, the compresses were soaked in styptics, and plasters of various kinds were applied; or the compression was maintained by the use of instruments or apparatus of various forms and construction.

These several methods may be comprised under the following heads:

"1. Where the pressure was applied directly upon the aneurismal sac.
"2. Where the pressure was applied to the aneurismal sac, and the entire limb was at the same time compressed.
"3. Where the compression was applied to the artery between the aneurismal sac and the heart.
"4. Where the pressure was applied to both the aneurismal sac and the artery upon the cardiac side.
"5. Where the pressure was applied to the distal or capillary side of the aneurismal sac.
"6. Where the aneurismal sac was laid open, and the pressure was applied upon the ruptured or wounded vessel.
"7. Where the artery above the aneurism was laid bare, and the pressure was applied directly upon it."

It appears that compression, when first employed, was always applied immediately upon the aneurismal sac, and undoubtedly originated in the use of compresses, bandages, and similar appliances in cases of accidental wounds of arteries. The first form of aneurism in which compression was employed was traumatic tetanus, as that

caused by the accidental wound of an artery in venesection. This was a very frequent accident in former times, as in the 16th century surgeons were compelled by law, in France, to pension those whose arms they had injured in bleeding. We find John Bell using the following language also, in his "Principles of Surgery:" "Our Legislature does not prevent the most ignorant from meddling with a profession which should be sacred as the priesthood. Masons, butchers, gardeners, cowherds, are among the chief phlebotomists in this country; and it is to them we are indebted for the various specimens of aneurism." If we consult the older writers in respect to the treatment of wounds of the brachial artery in venesection, we find them recommending compresses, bandages, styptics, plasters, &c., and copious directions are laid down as to the mode of applying them. According to Sprengle, Jean de Vigo, a physician of Genoa, was the first to conceive the idea of curing aneurisms by compression. He used compresses of charpie wet with styptic solutions, which were applied to the aneurismal tumor, and maintained by bandages rolled tightly round the limb. Galen, however, speaks of having cured an aneurism at the bend of the arm by means of sponge and bandages, and there is good reason for believing that this mode of treatment was successfully employed at a still earlier period.

Compression was, however, limited to traumatic aneurism as a mode of cure, until the end of the 17th century; and it seems to have been employed, moreover, only in cases where the tumor was small, the aneurism recent, its contents fluid, the skin uninflamed, and the disease located in the brachial artery, or some of its branches. The pressure was always applied directly upon the aneurismal sac, and the arm was firmly bandaged; styptics and plasters were generally used at the same time; the arm was confined to the side, and the patient was kept upon a cooling regimen, and occasionally bled. Surgeons formerly supposed that the pressure not only prevented the further dilatation of the artery, but pressed the blood contained in the sac again into the vessels; that the edges of the wounded artery were also brought into apposition, and adhesion took place; so that the channel of the artery was preserved, and on the discontinuance of the compression, the blood passed down the artery as before the injury. The tourniquet was invented about the beginning of the 18th century, and since that period many new forms of compressing instruments have been introduced, an account of several of which was given in the last (May) No. of our Journal, pp. 385–6. Besides these, various forms of compressing bandages were introduced, and all were employed as well in recent wounds of arteries as after the formation of an aneurism; but down to the middle of the 18th century, this mode of treatment was limited to the brachial artery and its branches, or to small arteries in other situations, and to cases where the aneurism was small and of recent occurrence. If the tumor was large, the sac was laid open through its entire length, the coagula and fluid blood removed, the artery tied above and below the opening, the wound filled with charpie, and bandages and compresses applied.

The treatment by compression was extended to popliteal aneurism, by Heister, who cured an aneurism of the femoral artery, produced by a punctured wound, by filling the wound with charpie, laying a number of thick compresses over it, placing another compress along the course

of the femoral artery, and then bandaging the whole limb tightly; an oval metallic plate being applied over the compresses and retained for two months.

Guattani, an Italian surgeon, was the first (about the middle of the last century) who succeeded in the attempt to cure popliteal aneurism by compression; and he was induced to revert to it, partly from the success which attended the employment of pressure in aneurism at the bend of the arm, following venesection; and partly, from his having witnessed a spontaneous cure in three cases of popliteal aneurism; but principally, from having witnessed the great fatality of aneurism of this vessel, and the unfavorable results of every operation for its relief. In the cases treated by Guattani, the chief pressure was made immediately upon the aneurismal sac, and the entire limb was at the same time compressed by bandages, rollers, &c. The patient was frequently bled, placed upon low diet, and confined to bed during its employment. In short, it was only an adaptation of that in general use in brachial aneurism, combined with the medical treatment proposed by Valsalva and Albertini for internal aneurism. He supposed that the pressure diminished the rapid motion of the blood in the vessel; checked the further increase of the aneurismal tumor, and caused the gradual resolution of the contents of the sac into serum. Thus, as the tumor subsided, the ruptured artery was healed, and became fit to convey the blood to the leg and foot.

The objections to this mode of treatment are sufficiently obvious. The process was very tedious and painful, and the result uncertain. The pressure upon the aneurismal sac tended to cause its rupture, and to convert a circumscribed into a diffused aneurism; or to give rise to inflammation and suppuration in the sac, and perhaps occasion gangrene of the limb. These results often followed, but they were not much dreaded, inasmuch as where suppuration followed, the aneurism was sure to be cured, provided the patient had sufficient stamina to hold up under the tedious process. The chances of recovery were even greater than after the operative proceedings. The frequent occurrence of gangrene was owing to the compression and obliteration of the collateral vessels about the knee, to obliteration of the vein over the sac, and the pressure made upon the large nerves of the part.

This mode of treatment of aneurism, appears to have failed in more than half of the cases. When it failed, the disease seems always to have been the cause of the death of the patient, except in a few instances where the limb was amputated. When the treatment succeeded, the artery at the seat of the aneurism was undoubtedly obliterated, although the main object which the surgeons had in view in employing compression, was to avoid this very occurrence; supposing that the aneurismal sac was a bag distended with blood; that the pressure had the effect of squeezing its contents back into the artery, when the edges of the wounded or ruptured vessels came into contact, and adhered as in wounds of other parts; and that on the discontinuance of the compression the blood returned to its original channel, and the limb was nourished as before its employment.

John Hunter's first operation for popliteal aneurism took place (1785) only thirteen years after the first appearance of Guattani's treatise on this subject; but, in the mean time, several cases of cures

by the former treatment were reported by different surgeons. The simplicity of Hunter's operation, the facility with which it was performed, and the success which attended it, when contrasted with the ancient method, led, in a great measure, to the discontinuance by British surgeons of compression in aneurism of the large arteries; and to the almost entire discontinuance of the mode in which it had previously been used. Pressure was no longer made upon the sac; when employed at all, it was applied upon the artery between the aneurism and the heart. Compression was, however, never entirely laid aside, as the Hunterian operation sometimes failed, and occasionally an aneurism was so situated that an operation was impracticable. The principle on which pressure was applied at this period, was to endeavor to excite inflammation of the coats of the artery, at the seat of its application, so that coagulating lymph might be thrown out, and adhesion of the coats taking place cause an obliteration of the artery. This pathology was established by the experiments of Mr. Freer of Birmingham in 1806, who recommended a trial of compression in all cases of aneurism which admit of its application; the pressure to be made upon *the sound side of the artery*, for the purpose of causing adhesion of the sides of the vessel. Cases of popliteal aneurism, successfully treated in this way, were reported by Pelletan in 1810, (*Clinique Chirurgicale*), by Dubois in the same year, (*Bull. de la Faculté de Medicine*), and Dupuytren in 1818. Similar cases may also be found in Boyer's Surgery, (1818).

Where this treatment was resorted to by British surgeons, the pain from continued pressure was so severe that the patients were unable to bear it, and it was therefore speedily discontinued. Dupuytren concluded, from his experiments and observations, that there are individuals who cannot bear compression, whilst there are others who support it without inconvenience, and that this is the only reason of the different results of compression as applied to the treatment of aneurism.

Compression, however, as a mode of treating aneurism never had many advocates in Great Britain. Dr. Colles, in his early lectures, recommended amputation, and after Hunter's operation was introduced the ligature was almost solely relied upon, and its superiority over every other kind of treatment was taught and enforced both by reasoning and example. Among the earliest recorded cases, are those of Mr. Todd, in the 3d Vol. Dublin Hospital Reports, 1822. The apparatus employed resembled a truss for femoral hernia, the spring of which was much stronger, and the pad longer, of a more oval form, and more firmly stuffed than in the truss. The pad was furnished with an inner plate of iron, which was connected with the outer iron plate by means of a hinge close to the junction of the outer plate with the spring; and a tourniquet screw, passing through this plate, had the effect, when turned, of making a greater or lesser degree of pressure with the pad on the part to which it was applied. The instrument was put on like a common truss, the pad being placed in the line of the crural artery, immediately below Poupart's ligament; and it was kept in its place by a strap which passed from the spring of the truss behind, and buttoned in front on the outer plate of the pad. This instrument seems to be that described and employed by Heister, Albers, and others.

In consequence of the frequent failure of the Hunterian operation, a modification of the treatment by pressure was introduced, which consisted in laying bare the artery, in the usual situation for the application of the ligature, and then applying an instrument for the purpose of exciting inflammation, by gradually pressing together the sides of the vessel, until the calibre was obliterated by the effusion of coagulating lymph. Indeed, in his earlier operations, Hunter used four ligatures, which were tied so slightly as only to compress the sides of the artery together; an effect very similar to that of employing pressure. Scarpa also operated in a similar manner, and maintained that the degree of pressure should be only such as to put and keep the two opposite sides of the artery in complete and firm contact. For this purpose he used two waxed tapes, each two lines in breadth, with a cylinder of linen placed lengthwise upon the part of the artery where the knot was made. Sometimes a piece of cork, or a piece of wood wrapped in lint, or a piece of bougie, of leather, or of agaric, were employed. The object in view was to *prevent* the division of the inner coats of the artery, and thus diminish the chances of secondary hemorrhage. These views led to the invention of instruments of different forms and shapes, by which the opposite sides of an artery could be pressed together, and retained in contact. It was supposed they would have some advantage over the ligature, because they could be tightened from time to time, as might be considered advisable, and they could be removed when the necessary degree of inflammation had been excited in the coats of the artery. For an account of several of these instruments, see vol. 8, N. York Jour. Med. (pp. 385, 6, 7, 8, 9.) Among the advocates of this plan of obliterating arteries, we find the names of Deschamps, Percy, Dubois, Assalini, Crampton, &c., several of whom were also inventors of instruments for the purpose. This mode of operating, however, has been nearly abandoned of late years, it not having been found to answer well in practice. The term *immediate compression* was applied to this mode of operating.

Compression has also been tried upon the *distal* or capillary side of the sac, where an aneurism has been seated too near the trunk to admit of ligature upon the artery leading to it. It was long since known that after the application of a ligature, the vessel was generally obliterated as high as the next collateral branch, and it was supposed that the same result would follow if a ligature was placed below the sac. In the few trials, however, which have been made of this operation, it has been found often to aggravate the symptoms, by causing the blood to be transmitted with greater force to the sac, in consequence of which the size of the aneurism increases, and its progress becomes more rapid. We have only space to refer to the works in which successful cases of aneurism treated by compression, have been reported. Provincial Medical Gaz. 1829. Guthrie on Aneurism, 1840. Lancet, vol. ii, 1831–2, case by Mr. Lynn. Dublin Med. Press, May 1843, 3 cases. Lancet, vol. ii, 1843. Dublin Quart. Jour. Med., Aug. 1846. Lancet, March 23, 1844. Dublin Med. Press, Aug. 1844. *Ibid.* Sept. 25, 1844. Lancet, vol. ii, 1844. Proceedings of Royal Medico-Chirurg. Soc. Lond., Jan. 14, 1845. Dublin Med. Press, Feb. 26, 1845. Dublin Quart. Journal, May, 1846. Dub. Med. Press, April 30, 1845. Dub. Quart. Jour., May, 1846. Dub. Hosp. Gazette, Oct. 15, 1845. Provin. Jour. 1845. Dublin Med. Press, Jan. 21, 1845. Med. Gaz.,

March 13, 1846. Lancet, May 2, 1846. *Ibid.* May 23, 1846. *Ibid.* 1846. Dub. Quart. Jour. Aug. 1846. Lancet, July 18, 1846. Med. Gaz. Oct. 3, 1846. Several original cases in Mr. Bellingham's work, pp. 81–2.

Certain chemical agents have recently been employed for the purpose of aiding in the coagulation of the blood contained in an aneurismal sac, among which heat and galvanism are the principal. The first has received but a partial trial; the latter has been used with very favorable results. We quote two cases, one successful the other not, the former by M. Petrequin, Surgeon to Hotel Dieu de Lyon, and the latter by Mr. Bellingham, which will show the mode of employing this agent.

"Case 1.—The aneurism was seated in the temporal artery, was as large as an almond, and had succeeded to an injury of the head.

"'On the 10th of September I passed (M. Petrequin says) two fine steel needles into the tumor, so that they crossed each other at right angles, I then placed them in communication with the poles of a galvanic pile. At the first contact, there was an electric shock, accompanied by sharp pain, which increased as the galvanic power was augmented, and became so severe with the fifteenth couple that the sitting was terminated. The action of the galvanism lasted from ten to twelve minutes, and the direction of the current was changed three times. During the operation the pulsations progressively diminished, and ceased entirely at the end, the aneurism being replaced by a solid tumor.'"

"Case 2.—The patient was admitted into hospital February 10th, 1846; compression was employed and continued until April 21, when the galvano-puncture was applied as follows:

"The patient being laid upon his face, a compressing instrument was applied upon the artery immediately above the popliteal space, and another below it, they were then tightened, the lower one first: an acupuncture needle coated with sealing wax, except at its point and haft, was then introduced into the centre of the sac from the inner side, a very small incision with the point of the lancet having been previously made; a second was then introduced from the outer side. The needles were now brought into connection with a Smee's battery of six pair of plates by Dr. Apjohn, Professor of Chemistry to the Royal College of Surgeons in Ireland, who kindly afforded his assistance. The moment the current was completed the patient made a sudden movement of the limb which displaced the compressing instruments; he said he thought some one had struck a violent blow upon his heel; the pain diminished, but every time the current was broken he appeared to suffer increase of pain. The application was continued for about fifteen minutes at intervals; the exact period during which the galvanic current was maintained was noted at the time by Mr. Tufnell, and is as follows:—

Minutes.				Seconds.
0	....	....	....	35
0	....	....	....	55
4	....	....	....	8
5	....	....	....	20
3	....	....	....	44
14				42

"But little effect was produced upon the aneurismal tumor; the patient was in a state of great alarm during its application, and he complained afterwards of a sensation of numbness in the calf of the leg and heel, which continued until the next day.

"As the pulsation continued, the compressing instruments were reapplied upon the femoral artery, but seven days afterwards, before a second application of galvano-puncture was had recourse to, the patient was attacked with

erysipelas commencing in the middle of the thigh, where the pad of the compressing instrument rested, and his constitution being bad, he sank, thirteen days after the operation.

"On a post-mortem examination it was found that, notwithstanding every care had been taken to avoid it, by introducing the needles upon the inner and outer side of the sac, a portion of the sciatic nerve had been pierced by one acupuncture needle, which accounted for the severe pain in the heel experienced by the patient, and for the numbness which continued afterwards."

In the *Dublin Quarterly Journal of Medicine* for November, Mr. Hamilton has related a case of carotid aneurism, in which he employed the galvano-puncture with the following effects:

"Case 1.—The patient, aged 43, an invalid soldier of broken down constitution, was admitted into the Richmond Hospital, March 26th, 1846, laboring under carotid aneurism on the left side, in addition to other complaints. 'The tumor was about the size of a hen's egg, its centre was on a level with the cricoid cartilage, the sterno-mastoid muscle was stretched over it, its pulsation was strong, there was no bruit de soufflet.' Not being considered a case for operation, and compression being out of the question, the galvano-puncture was employed as follows:

"May 15th. 'A thin gold needle was passed into the sac on the outside until it had penetrated to about an inch, the same was done on the inside, the needles could be made to touch in the centre, and were isolated, except at the point by shellac. A Smee's battery of twelve zinc and silver plates was used, which was regulated by Mr. Fagan.' 'The action was given very gradually by, at first, only immersing the plates to two or three inches. When the whole force of the battery was used it only caused moderate pain, and produced slight contraction of the muscles.' 'At the end of fifteen minutes the aneurism appeared to beat with less force. After this the pulsation became evidently less, the tumor firmer and larger, and he began to complain of uneasy weighty sensations, and very severe pain, which he compared to his throat being held fast by the teeth of a dog. He said he suffered much from pain in the left side of the forehead; the sensations in the tumor were very distressing, and those in the head, from their violence, assumed rather an alarming character; but the most serious symptom was the great increase of the swelling: this seemed the chief cause of the pain and the tight feel in the throat.

"'At the end of twenty-five minutes complete coagulation had taken place in the aneurism, which felt solid, and pulsation was imperceptible: for these reasons the galvanism was discontinued. The integuments round the positive needle were observed to vesicate and to turn black for the size of a spangle; on withdrawing it, there was a slight flow of blood, but none from the puncture of the negative needle.

"'So far therefore as the solidifying of the blood in the aneurism, the operation had succeeded, but not without considerable grounds of uneasiness. The unpleasant feel in the head continued, with the pain over the left eyebrow; the pupil was observed to be contracted, and there was loss of sight in the left eye. He complained much of the tightness in his throat, and the tumor was three or four times larger than previous to the application of the galvanism.'

"After the 17th of the month pulsation returned in the tumor. The patient died of the disease for which he had been admitted on the 8th of June, a little more than three weeks after the application, and a few days before death the pulsation in the aneurism ceased.

"On examination, the aneurism was found to spring from the anterior part of the common carotid; 'below the aneurism the trunk of the carotid was sound, but both external and internal carotids were much reduced in size, and so much obstructed that a probe could not be passed through them into the aneurism.'

"A section of the aneurism showed the contents to be solid, the centre

occupied by clotted blood of the color and consistence of black currant jelly; from a quarter to half an inch from the margin the layers were of a pale red color, and had a fibrous arrangement, exactly resembling muscle."

With respect to the mode in which galvanism acts in causing the formation of a coagulum from blood, the following remarks of Dr. Apjohn, of Dublin, are worthy of notice:

"When the circuit of a battery of moderate strength is completed through the serum of blood removed from the body, its albumen is coagulated at the positive pole; and there can be little doubt that if the blood contained in an aneurismal sac were subjected to the same influence its serum would undergo a similar change. As to the cause of the coagulation, it appears to be due to the decomposition, or, as Mr. Farraday terms it, the *electrolysis* of the salts of the blood, and the action on the serum of the acids developed at the anode or positive pole. The coagulation of the albumen is not, therefore, a direct consequence of the galvanic current, but arises from the analytic action exercised by it upon the saline constituents of the blood.

"If the battery is very powerful, the effect upon the serum may extend throughout the entire of the space separating the poles. But even in such a case, the coagulation is not, I believe, due to any specific agency exerted by what is called the galvanic current, but to the elevated temperature produced along the line of its trajet."

Dr. Bellingham observes that,

"The coagulum developed by the action of the galvanic current upon blood would, therefore, appear to consist of *albumen*, derived from the decomposition of its serum; such a coagulum will be necessarily loose and flocculent, and altogether different from that which forms in an aneurismal sac under ordinary circumstances.

"In order that the albumen of the serum of the blood contained in an aneurismal sac may be coagulated, it would seem to be essential that the blood should be retained in it for a sufficient length of time to be acted on by the galvanic current; consequently, compression ought to be made upon the artery above and below the sac during the operation; if this precaution is not taken, the blood will pass through the sac too rapidly to permit of its decomposition.

"It appears to me that a coagulum might be developed from another source, when a galvanic current is conducted along needles introduced into an aneurismal sac: thus after the decomposition of the serum contained in the sac, and the separation of its albumen from the other constituents, it is not unreasonable to suppose that the fibrine and red globules of the same portion of blood (being then in some measure set free) might form a distinct coagulum; but of this we have no proof; and such a result could hardly be expected unless the galvanic current had been maintained for a sufficient length of time to coagulate completely the albumen of the serum contained in the sac. Even under these circumstances the coagulum would be loose and soft, and have little analogy with the fibrinous layers found in aneurisms of some standing.

THEORY UPON WHICH THE GALVANO-PUNCTURE EFFECTS THE CURE OF ANEURISM.

"From what precedes, it would, therefore, appear to be improbable that a coagulum, sufficiently large to fill the sac of an aneurism, and sufficiently firm to resist the current of blood in the main artery of a limb, can be developed under any circumstances by the agency of the galvanic current; more particularly if compression upon the artery above and below the sac is not employed at the same time. How, then, it may be asked, has it happened that in some of the cases which have been recorded, the pulsation in the aneurism ceased either immediately, or soon after its application, although compression was not always used? It appears to me that there are two distinct modes in which such a result may be brought about.

"According to the first, compression upon the artery above and below the

sac is indispensable during the operation; when the galvanic current is completed, the albumen of the serum of the blood contained in the aneurismal sac is gradually coagulated, and on the discontinuance of the compression, the coagulum thus formed is forced out of the sac, and carried with the blood into the artery at the distal side of the sac, the channel of which may be thus blocked up. If a distinct coagulum of the fibrine and red globules forms at the same time, (in the way to which I have alluded), it will render the chances of the artery below the sac being obstructed, still more probable. It is easy to understand how a comparatively small and loose coagulum could produce this effect; and it is clear that if the artery at the distal side of an aneurismal sac were thus closed up, the pulsation of the aneurism might cease at once, or the cure of the disease would be readily accompliished by moderate pressure afterwards upon the artery at its cardiac side.

"The other mode in which the galvano-puncture may cause the cessation of pulsation in an aneurism, and that, perhaps, which is the most frequent, is by exciting *inflammation* in the sac or parts about it. Inflammation would be soon followed by swelling from effusion of serum or lymph; the artery supplying the sac or leading from it would be thus compressed, and its pulsation checked or diminished according to circumstances. This result obviously may follow, whether compression has been employed or not; and it is more likely to happen when a powerful battery has been used, than one of moderate strength. That it has already occurred, is evident from the details of one of M. Petrequin's cases, in which suppuration of the sac followed the application.

"If the foregoing views are correct, a galvanic battery of moderate strength is to be preferred to a more powerful one, as being less likely to occasion inflammation; and the application ought always to be combined with compression upon the artery above and below the sac.

"On the whole it appears to me that much can never be expected from galvano-puncture as an agent in the cure of aneurism: it is doubtful if the current of a battery of moderate strength, however long continued, can develop a coagulum sufficiently firm to produce even the effects I have mentioned; and the employment of a powerful battery is not without risk if the aneurismal sac is of considerable size, or springs from a large artery. In addition, it is difficult to isolate completely the shaft of the acupuncture needles; the substance used for this purpose is either detached in the act of introducing them, or it is softened when the galvanic current is completed: hence the tissues through which the needles pass are acted on, and the strength of the current is necessarily wasted."

Mr. Wardrop has suggested the injection of a chemical fluid, as dilute acetic acid, into the sac of an aneurism, but we are not aware that it has ever been carried into effect.

Dr. Bellingham devotes several pages to an exposition of the theory upon which compression was supposed to effect the cure of aneurism, from the period of the introduction of the Hunterian operation, down to the year 1843, and of the opinions of writers on aneurism during that period, bearing upon this mode of treatment. He makes it appear very conclusively that the object of surgeons in resorting to compression in these cases, was to excite such a degree of inflammation in the coats of the artery, at the point compressed, as to cause such an effusion of lymph as would lead to an obliteration of the cavity; or to excite inflammation in the tissues surrounding the artery and between its coats, as to compress its tube to such degree as to render it impervious to the passage of blood. This required such a degree of pressure as to render the treatment not only tedious and painful in the highest degree, but extremely doubtful and uncertain. The cases published in 1843, (*Dub. Med. Press,*) by Mr. Cusack, Dr. Hutton and Dr. Bellingham, fully

establish the important fact, that instead of employing such a degree of pressure as was formerly considered necessary, the least possible compression which may be sufficient to close the vessel should be used, and when this cannot be sustained, that it will prove of use to partially compress the artery, so as to lessen the impulse of the circulation. Mr. B. considers it fully proved that it is not all essential the circulation through the vessel leading to the aneurism should be completely checked, but rather the contrary; that it may, perhaps, be advantageous at first, for a short period, by which the collateral circulation will be more certainly established, but *that a partial current through an aneurismal sac will lead to the deposition of fibrine in its interior, and cause it within a few hours to be filled and obstructed, so as no longer to permit of the passage of blood through it;* that pressure so as altogether to obstruct the circulation in an artery, must necessarily be slower in curing an aneurism, as it must, in some measure, act by causing obliteration of the vessel at that part to which the pressure has been applied; whereas, *a partial current through the sac enables the fibrine to be readily entangled in the parietes of the sac in the first instance, and this goes on increasing until it becomes filled;* the collateral branches having been previously enlarged, the circulation is readily carried on in them. To Dr. Bellingham clearly belongs the credit, of first distinctly pointing out and elucidating these important facts and principles. The conclusions at which Dr. B. arrives in relation to the mode in which nature effects the cure of aneurism, are the following:

"1st. That nature herself sets up a process by which, under favorable circumstances, the cure of aneurism is effected.

"2nd. That the mode in which she effects this, always in internal aneurism, and frequently in external aneurism, is by the deposition of the fibrine from the blood in the sac of the aneurism, until it becomes filled.

"3rd. That the fibrine in such cases is deposited in regular concentric laminæ, the oldest or first formed next the sac, those most recently formed nearest the centre.

"4th. That a current of blood through the aneurismal sac is a necessary agent in bringing about this result.

"5th. That any obstruction to the current by which its velocity and amount are diminished, will accelerate the deposition of fibrine in the aneurismal sac.

"6th. That once this process has commenced, if the same agents continue in operation, it will go on until the sac becomes filled, and no longer permits of the entrance of blood."

Dr. B. shows that the mode in which pressure upon the artery at the cardiac side of the aneurism, effects the consolidation of an aneurism, and that by which nature effects this object are identical; in both cases the fibrine of the blood is gradually deposited in the sac, which continues until the sac becomes filled, and no longer permits the entrance of blood; and we need not add, that when the sac of an aneurism has been completely filled by fibrine, thus deposited, the disease is cured; it can neither increase in size nor can rupture take place; for the artery from which it springs, is obliterated. According to Dr. B., *a ligature at a distance from the sac effects the cure of aneurism* in the same way as compression—a feeble current of blood continues to pass through the sac after the operation, by the collateral branches, and fibrine is gradually deposited in the sac, by which it becomes obliterated, and not, as is often supposed, by the coagulation of blood.

With respect to the instrument employed for producing compression,

the most important points are, that it should admit of being readily applied; that its principle should be so simple as to be easily understood by the patient; and that it should effect the object intended with as little inconvenience as possible to the patient—a *broad soft pad* will generally answer best; the counter-pressure, which is sometimes nearly as irksome as the direct pressure, ought to be distributed over as large a surface as possible. Dr. B. observes,

"No matter upon what part of the limb the compression is made, or with what care the pressure is graduated, it becomes painful when constantly applied at the same part, and we are forced to relax it. This applies to every instrument which has been invented, and to every part upon which pressure can be made. We can, however, so manage the application as to maintain continued pressure for a considerable time, with comparatively little inconvenience to the patient, by a mode of using the compressing instruments to which I first called the attention of the profession—viz., by applying two or more instruments upon separate parts of the limb, which are alternately tightened and relaxed. Since the advantages of this mode of applying compression were pointed out, the plan has been extensively adopted, and it has been found to answer the purpose intended in every respect. Indeed, in several instances, owing to the extreme susceptibility to pain in the patient, a cure could hardly have been accomplished if it had been necessary to maintain the pressure constantly at the one point.

"In many of the cases in which compression has been employed, a bandage, rolled more or less tightly round the limb, has been used along with the compressing instruments. The advantages to be expected from this proceeding are not very apparent, while its disadvantages are sufficiently evident. I have already observed that the femoral vein, owing to its close connection with the artery, must be compressed together with it; it is obvious, therefore, that the venous blood must return in a great measure by the superficial veins; but if the current through these vessels is impeded or interrupted by a bandage or roller, congestion, œdema, and swelling of the limb can hardly fail to follow. There is one stage of aneurism, however, where a bandage may prove serviceable, (combined with a compress upon the aneurism), as where the sac has become partially filled with fibrine, indicated by its feeling more solid to the touch, and by its not increasing in size on the removal of the compressing instruments. In such cases a bandage and compress on the tumor, by pressing the sac against the artery which supplies it, or against the orifice by which it communicates with the artery, may diminish materially the stream of blood which enters the sac, and thus lead to the rapid deposition of fibrine."

With regard to the circumstances connected with the patient himself, our author has the following judicious remarks:

"Although the result of compression will be influenced in some measure by the kind of instrument used, or by the manner in which it is applied, the state of health of the patient, his irritability or susceptibility of pain, and his intelligence and anxiety to co-operate in maintaining the pressure, will have still greater influence upon the rapidity or slowness with which a cure is brought about. Many patients laboring under popliteal or femoral aneurism are perfectly healthy in other respects, and the disease is altogether local; in others, on the contrary, the health is more or less deranged, the constitution is bad, the disease may be complicated with anæmia or with anasarca, the heart's action may be increased, or organic disease of the aorta or of the valves of the heart may be present. In the former case no medical treatment almost will be required beyond regulating the bowels, and venesection occasionally to a moderate amount. In the latter, we must of course,

at the same time, employ measures calculated to improve the general health; but to these I cannot more particularly allude here.

"It occasionally happens that the patient is so irritable or so susceptible of pain that he soon becomes dissatisfied; he will relax the instruments if not constantly watched, or he may even refuse to continue the compression. Others think so lightly of the disease that we cannot prevail on them to keep up the pressure. These are the kind of cases which particularly try the surgeon's patience; in a form of treatment which may require to be continued for many weeks, it is difficult to maintain a constant surveillance; once the patient has learned to regulate the apparatus, the success of the treatment depends more upon himself than upon the surgeon; and unless he aids and assists, our efforts will be almost in vain. The patient therefore ought to be encouraged to persevere by every means in our power; indeed, in general, he will soon discover that pressure upon the artery has the effect of relieving the pain from which he previously suffered in the affected limb: and after it has been employed for a time, he will find that he can maintain it for a longer period than he could at first.

"It more frequently happens, however, that the patient is made dissatisfied with the treatment, owing to an undue degree of pressure being made at first, and an unnecessary degree of pain occasioned thereby. This mistake was almost unavoidably made by those who supposed it necessary to interrupt completely the circulation in the artery at the part; or who fancied that they could bring about the coagulation of the contents of the sac, and accelerate the cure by using very strong pressure. The consequences were that the surface became excoriated, the lymphatic glands in the groin became painful, the limb swollen, benumbed, or œdematous, and the cure of the disease, instead of being accelerated, was protracted.

"It is not necessary to repeat what I have already said respecting the degree of pressure which should be used: it will be sufficient to observe, that the compression at first ought always to be light; after a time, when tolerance of the remedy becomes established, we may increase it to the degree we consider necessary; but it need never be so great as to interrupt completely the circulation in the artery at the point upon which it is applied. Although it is advisable, in the early stage of the treatment, to maintain a certain degree of pressure night and day, yet in most instances it will be found very difficult to do so; the patient cannot sleep unless the pressure is relaxed—if he does sleep, the pad becomes displaced, and the pressure is necessarily taken off the vessel. Indeed, if it were absolutely necessary to maintain permanent pressure in every instance until a cure was accomplished, we should seldom succeed; and that it is not necessary to do so, the details of the cases already given afford sufficient evidence, the pressure having been frequently intermitted and resumed according to circumstances. Once fibrine begins to be deposited in the sac the deposition will go on, although pressure may be very carelessly applied; and after a certain amount of fibrine has been deposited in the sac the instruments may be removed, and a cure will be accomplished nevertheless. Indeed, it would appear from two cases previously quoted, that the patient may in some measure resume his ordinary habits and commence exercising the limb without interfering with the progress of the cure."

In conclusion, we present Dr. B.'s summary of the advantages of compression over the ligature in the treatment of aneurism, and of the most material points bearing upon this mode of treatment.

"That compression effects the cure of aneurism by more *simple* means than the ligature is evidenced by the facts—1st, That the mode in which the consolidation of the aneurism is brought about by compression is exactly the same as that in which a natural or spontaneous cure occurs; and 2ndly, because when a cure is effected by compression, the vessel is obliterated merely at the site of the aneurism; whereas when a ligature is applied in the usual situation at some distance from the tumor, the artery is obliterated both at

the seat of the ligature and at the seat of the aneurism. Hence it is easy to understand why, when secondary hemorrhage followed the operation, the application of a second ligature higher up so seldom succeeded; and we can hardly be surprised at gangrene attacking a limb, the main artery of which is obliterated at three different points.

"That compression effects the cure of aneurism by *safer* means than the ligature is also evident, because its employment can be intermitted and resumed according to circumstances; and because no ill consequences have hitherto resulted from its use. On the other hand, the ligature of a large artery is always a precarious operation; when it is once applied, we must await its separation before the patient can be considered out of danger; and when it fails, which frequently happens, the case almost always terminates unfavorably, not from the increase of the disease, but from the operation performed for its relief. The artery in which aneurism (after the aorta) is most frequent, is the popliteal, and the ligature of the femoral artery for popliteal aneurism is more frequently unsuccessful than that of any other artery of equal size. Mr. Benjamin Phillips collected fifty-nine cases from various sources in which this vessel had been tied, in thirty-nine of which it failed; and although (as Mr. Stokes observes) the accuracy of these statistics may be denied, 'yet every surgeon must allow that the deligation of a main artery for aneurism is an operation (notwithstanding the successful results some practitioners can boast of) attended with great risk.' On the other hand, I have given a list of twenty-seven cases of aneurism treated by compression of the femoral artery, in twenty-five of which it succeeded perfectly; of the other two, one died of erysipelas before the cure was completed; the other was operated on at the patient's urgent request, and recovered. A mode of treatment therefore which is exempt from all risk has many advantages on the score of humanity, which alone ought to constitute a strong argument in its favor.

"The treatment of aneurism by compression is *more certain* than that by the ligature. We have already seen that the operation by ligature, however carefully performed, is a precarious one, and that it frequently fails; that secondary hemorrhage from ulceration of the artery at the site of the ligature or phlebitis not unfrequently follow it; or that suppuration of the sac, hemorrhage from it, or gangrene of the extremity, may ensue. Now, none of these unfortunate results have ever attended the treatment by compression, nor are any of them ever likely to follow it; because, in the first place, no injury whatever is inflicted upon either the artery or vein at the site of the pressure; and secondly, because the aneurismal sac, and the part of the artery from which it springs, are gradually filled up by fibrine, separated from the blood and deposited in the same way as when nature cures internal aneurism.

"That a cure effected by compression is more likely to be *permanent* than when the ligature has been used, and that pulsation cannot return after the employment of compression, as sometimes has happened after the operation, might be inferred from the manner in which the cessation of pulsation is brought about; and it is proved by the pathological facts already adduced. In one instance, where the patient had been under treatment by compression, but died previous to the cessation of pulsation in the aneurism, the sac was found to be in a great measure filled up by fibrine, deposited in concentric laminæ. In another, where the patient had labored under popliteal and femoral aneurism in opposite limbs, and died some time after their cure by compression, the subsequent changes were shown; the contents of the sac had been absorbed, and the artery at the seat of the aneurism was converted into an impervious ligamentous band, proving that the cure had been permanent, and that it was physically impossible for an aneurism again to form at the part. A cure effected by the ligature can only be permanent when it causes the aneurismal sac to be filled up, and the artery to be obliterated at its seat, after the same manner as compression. If a loose coagulum of blood merely forms in the sac as the result of the ligature, there is danger either of

the sac suppurating, (for the reasons already mentioned), or a secondary aneurism may form at the part; neither of which have ever occurred after the treatment by compression.

"When pulsation returned in an aneurism shortly after the operation, it was always a source of considerable anxiety to the surgeon; but if the principle upon which aneurism is cured had been understood, it need not have occasioned any; it merely indicated that a rather stronger current than usual passed through the sac, and that the process by which it was to be filled up was proceeding. When pulsation returned long after a supposed cure by operation; in other words, when a secondary aneurism formed at the part, it was naturally looked upon as a much more serious matter, indicating that the operation had failed; and amputation of the limb was supposed to be the sole resource. But if again the theory upon which aneurism is cured had been understood, surgeons would have known that the formation of a secondary aneurism indicated that the sac had *not* been obliterated by the ligature, that nature had now set up the process by which this would be accomplished, and that a little assistance from art only was required to secure its permanency.

"In addition, there are some other circumstances which tend to confirm what has been already said respecting the advantages of compression over the ligature. For instance, aneurism not unfrequently occurs in individuals in whom the coats of the artery leading to the sac are so much diseased, that the vessel, instead of taking on the adhesive inflammation after the application of the ligature, ulcerates, or the ligature cuts its way through, giving rise to secondary hemorrhage. The disease is also not uncommon in individuals laboring under valvular or other disease of the heart, in subjects of intemperate habits, or broken down constitution, or in cases of the aneurismal diathesis, and where more than one aneurism exists at the same time; cases in which the ligature is contra-indicated, and where the surgeon with great reluctance would perform any operation; whereas pressure may be applied under these circumstances with nearly the same prospect of success as where the patient is perfectly healthy.

"Again, aneurism occasionally occurs in individuals who have so much horror of a surgical operation that they cannot be induced to consent, although made aware of its absolute necessity and of the risk of delay. Such persons will gladly embrace any means by which they may be relieved from the necessity of undergoing an operation, and will cheerfully submit to any method of treatment which promises a chance of cure without it. Now, as the treatment of aneurism by compression involves no operation, patients laboring under this disease will probably make application at an earlier period, and for this reason will come under treatment at a more favorable period for effecting the cure than heretofore."

"1. The arteries to which compression is applicable being far more frequently the subject of aneurism than those to which it is inapplicable, compression is calculated to supersede the ligature in the great majority of cases.

"2. The cure of aneurism by compression upon the artery between the aneurismal sac and the heart, according to the rules laid down here, is accomplished by the gradual deposition of the fibrine of the blood in the sac, until both the latter and the artery at the part are completely filled. The process is in fact exactly similar to that by which nature effects a spontaneous cure of aneurism.

"3. Such an amount of pressure as would cause inflammation and adhesion between the opposite sides of the artery at the point compressed is never required.

"4. The pressure should not be so great as to interrupt the circulation in the artery at the point compressed; an essential agent in the cure being that a current of blood should pass through the sac.

"5. Compression by means of two or more instruments, one of which is alternately relaxed, is much more effectual than by any single instrument, and in many instances the pressure can be maintained by the patient himself.

"6. The treatment of aneurism by compression does not involve the slightest risk to the patient, and if persevered in cannot fail of effecting a cure.

"7. A cure of aneurism effected by compression, according to the rules laid down here, must necessarily be permanent; and in every case in which a cure has been accomplished, the patients have remained well subsequently.

"8. The femoral artery remains pervious after the cure at the point at which the pressure had been applied, and no morbid change of any kind is to be detected in either the artery or vein at the site of the compression.

"9. When a cure is effected by compression, the vessel is obliterated only at the seat of the aneurism, and the artery at this part is eventually converted into an impervious ligamentous band.

"10. Compression effects the cure of aneurism by more simple and safer means than the ligature, while it is applicable to a number of cases in which the operation is contra-indicated or inadmissible.

"11. Compression is not necessarily a more tedious or more painful method of treating aneurism than the ligature, while it is much more certain, more likely to be permanent, and is free from all danger.

"12. Compression, according to the rules laid down here, has little anology with the old method which went by this name; and in fact has no greater resemblance to it than the Hunterian operation had to the operation for aneurism which it superseded."

ART. XIV.—*A Treatise on the Practice of Medicine.* By GEORGE B. WOOD, M.D., Professor of Materia Medica and Pharmacy in the University of Pennsylvania, etc. In two volumes, 8vo., pp. 798. 1840.

THE able and learned author of this elaborate treatise, has undertaken, in the preface thereof, to offer some satisfactory reasons why he has ventured to add another to the many valuable works on the practice of medicine which already exist. He might well have spared himself this labor; the work itself is its best apologist, and the only one which the intelligent reader will require. To prepare a judicious treatise on the modern practice of medicine, undoubtedly requires qualifications of no ordinary kind. We can imagine no species of authorship, involving greater hazard, or more embarrassing difficulties—none in which failure would be more easy, or success hazardous, but honorable. Amidst the mazes of speculation, the accumulated rubbish of false facts, with which the science is lumbered, the vagaries of hypothesis, the false reasonings of medical theorists, it is indeed difficult to steer a safe and middle course; subjecting every thing to analysis, and weighing all in the balance of truth and impartiality; but he who, with sufficient stores of learning, both ancient and modern, shall do this, presenting in a clear and simple light what is actually known in relation to the nature, causes, pathology, seat, treatment, &c., of disease, will have presented to the world a useful work on the practice of medicine; and this may justly be claimed for the author of the present treatise.

We have, it is true, several works of a similar kind—some of them highly meritorious; as Eberle, Dunglison, Dickson, Hosack, Chapman; but none of them so complete as to render other attempts presumptuous, none so perfect as to leave nothing to supply. Besides, on a subject like that of medicine, it is highly desirable to have the views of as large a number of patient, observing, discriminating minds, as possible, in order that the student and reader may have the benefits re-

sulting from a comparison of various and possibly diversified opinions. During the centuries when Galen was the only author whose works formed the library of the medical practitioner, if truth did not remain hidden, error was certainly consecrated and reverenced with equal devotion; and it was not until by the diversified labors of numerous practical observers, that the science of medicine became firmly established on the sure foundation of the inductive philosophy; and so it is in our day. If medicine is advancing as a true and reliable science—a science which has a real and substantial foundation, it is through the varied, persevering and honest labors of many ardent minds, who are devoted to its cultivation; and he who gives us a careful *resumé* of these labors, even if he adds nothing of his own to the original stock, performs a work which should entitle him to the gratitude and thanks of the entire profession. But Dr. Wood has done more than this. He has given us not only the views and opinions of the highest authorities in practical medicine, but he has subjected these to a careful analysis; he has weighed them in the balance of his own discriminating mind; he has tried them in the crucible of a severe logic; he has added to them the results of his own observation and reflection; and then he has drawn such results and conclusions, as might be expected from a sound head and cool judgment. And this constitutes the highest kind of merit.

The author offers no apology for the want of time. He says, indeed, what will be sufficiently obvious to the reader, that he has devoted several years to the preparation of the work, and that there was no urgent necessity for its publication, which could justify him in giving it prematurely to the world. We like this acknowledgment, so different from what we often meet with, and hope the example of the author may prove contagious.

But it may be expected that we should give a more particular account of the manner in which Dr. Wood has executed his task, and of the views entertained by him relative to some of the most interesting points in pathology and therapeutics.

The first part of the first volume, consisting of 220 pages, is devoted to "General Pathology and Therapeutics;" under which we have distinct sections devoted to the consideration of the following subjects:—1. "Constituent Forms of Disease." 2. "Disease of the Fluids." 3. "Disease of the Solids." 4. "Disease from mechanical and chemical causes." 5. "Disease from influences upon the vital properties." Under this head we have the following topics treated of: 1. "Irritation." 2. "Inflammation." 3. "Depression." 4. "Congestion." 5. "Fever." 6. "Peculiar Morbid Products," as 1. "Tuberculosis." 2. "Melanosis." 3. "Organized non-malignant Products." 4. "Carcinoma or Cancer." 5. "Parasitic animals." The second chapter is devoted to the "Causes of Disease," or "Etiology." Chap. III. treats of "Symptomatology," under which we have sections relating to, 1. "Symptoms or Signs of Disease." 2. "Course, Duration and Termination of Disease." 3. "Diagnosis." 4. "Prognosis." Chap. IV. treats of "General Therapeutics," with sections on "General Indications," and "General Therapeutic Processes."

Under "Part II.," we have the subject of "Special Pathology and Therapeutics" considered. The first class includes "General Diseases," so called; among which are ranked the different forms of fever, and the exanthematous affections. Under the second class, we have

"Constitutional Diseases," including only "Rheumatism and Gout." The third class includes "Local Diseases," arranged after the usual anatomical manner, as 1. "Diseases of the Digestive System." 2. "Of the Absorbent System." 3. "Of the Respiratory System." 4. "Of the Circulatory System." 5. "Of the Secretory System." 6. "Of the Nervous System." Under these general divisions we have sub-sections devoted to the different branches of the subject, as e. g., under Diseases of the Circulatory System, we have "Diseases of the Heart;" of the "Arteries;" of the "Veins;" of the "Blood," considered separately, and so of the others.

As to the manner in which this extensive range of subjects is treated, we have been, we repeat, most favorably impressed. Not that we coincide in all the views laid down by Dr. Wood; this could hardly be expected; but we can cheerfully say, that we have scarcely ever met with such an extended treatise on practical medicine, in which we found so little in which we could not cordially acquiesce. The author has no hobbies, no crotchets, no favorite theories, which he feels bound to defend, at all hazards, whether facts be for or against him. He takes up a subject, turns it over carefully, looks at it on every side, weighs it deliberately, judges coolly, and then offers what he has to say, dispassionately, under the guidance of a matured judgment and strong common sense.

We could have, however, wished to have seen more frequent reference to the sources whence the author has drawn his materials; and this is almost the only point on which we feel disposed to venture a criticism.

To say that it is unnecessary to give credit for certain facts, and original suggestions, on the ground that they have been so long before the profession as to have become its "common property," will hardly satisfy those who have, with much labor and study, worked out these results. If the established facts and principles of medicine, are to be viewed as a sort of joint-stock property, the united inheritance of the profession, yet courtesy, at least, would seem to require that the valuable additions of the different contributors should be so marked and designated, that each benefactor may enjoy the credit of his discoveries, and each stock-holder know to whom he is indebted for the most valuable portions of the common stock. We had expected to find the honored names of Rush, and Hosack, Bailey, Edward Miller, E. H. Smith, Nathan Smith, Mitchell, Bard, and many other illustrious names among the living and the dead, in an *American* Practice of Medicine, and we earnestly hope that in the next edition, which we doubt not will be speedily demanded, the excellent author will supply these deficiencies, and do the most ample justice to all whose labors entitle them to an honorable distinction. An American Practice should be a *Pantheon*, in which the names and memories of our illustrious dead should be carefully enshrined.

ART. XV.—*Medical Botany, or Descriptions of the more important Plants used in Medicine, with their History, Properties, and Mode of Administration.* By R. E. GRIFFITH, M. D., etc., with upwards of 300 illustrations. Philadelphia, Lea & Blanchard, 1847. 8vo. pp. 700.

THE present work supplies a desideratum long felt by the profession in this country. The works of Bigelow and Barton, on the vegetable Materia Medica of the United States, have been out of print for many years, and while every other department of Medical Science has received its due share of cultivation, that of Medical Botany has languished and been almost entirely neglected. We hailed it as an auspicious omen, that at the recent National Medical Convention, a committee was appointed, consisting of a considerable number of the most distinguished members of the faculty, to take especial charge of this department, and make annual reports to the Association. We trust their labors will not be simply confined to compiling or gathering up what is already known, but according to the suggestions of the able mover of the resolution, Dr. Davis, push their investigations into the hidden virtues of plants hitherto unexamined. Popular opinions as to the properties of plants should not be wholly lost sight of, although they are, doubtless, in many cases, fallacious and unworthy of confidence. Vegetable analysis has also been strangely neglected among us, so that we can scarcely name a plant, the principles and constituents of which have been accurately ascertained. This whole department is almost a *terra incognita*, and furnishes a vast and most inviting field to those, whose previous studies and opportunities qualify them to enter upon its cultivation. We trust it will not be overlooked by the gentlemen, to whom the whole subject of the Indigenous Botany of the United States has been committed. We shall look to them for a new light in exploring this labyrinth.

Dr. Griffith has taken Lindley's "Medical Flora" and "Vegetable Kingdom" for his model, and has drawn very copiously, as he should, from these sources. The various articles of the Materia Medica have been arranged according to the natural orders, and the technical descriptions drawn up in accordance with the present improved state of botanical knowledge. The descriptions appear to have been carefully selected from the best authorities, while the whole is prefaced by a short introduction on the structure and composition of plants, a copious glossary of terms and a conspectus of the natural orders of plants, containing remedial substances. Although the work claims to be nothing more than a compilation, its merits are none the less on that account; indeed were it not such, it would be shorn of its principal excellences. To compile judiciously, requires equal learning, judgment, and taste, with original authorship; and, as a general rule, the utility of the former far outweighs that of the latter. It is so in the present instance. Dr. G. proves himself to be a thoroughly learned and accomplished botanist, an experienced physician, and a man whose mind has been thoroughly trained and disciplined by deep study and reflection. We congratulate him and the profession on the successful result of his labors. We hope the day is not distant when his "Medical Botany" will not only be a text book in every Medical School and

College in the Union, but find a place in the library of every private practitioner. The work is splendidly got up, both as respects paper, type, and illustrations; the wood-cuts are not inferior to those of the best English publications of a similar kind. It is enough to say that they are from the hand of Gilbert.

ART. XVI.—*The Medical Student's Vade-Mecum, or Manual of Examinations, upon Anatomy, Physiology, Chemistry, Materia Medica, Surgery, Obstetrics, Practice of Medicine, Poisons, &c. 2d Ed. Revised and greatly Enlarged.* By GEORGE MENDENHALL, M. D., etc., Phila. Lindsay & Blackiston, 1847. 12mo., pp. 573.

ALTHOUGH we are not particularly partial to works of this description, which can at the least impart but the most superficial kind of knowledge, yet we do not deny that they may be of some benefit, if properly prepared, and judiciously adapted to the wants of the medical student. In Europe, where the system of *grinding* constitutes an important element in medical education, such works are deemed more necessary and important than with us, although we are rapidly assimilating in this respect with the profession across the Atlantic. From the examination we have made of the present publication, we think it one of the best of the kind with which we are acquainted, and we therefore recommend it to young practitioners and medical students, who wish to refresh their minds on many subjects of practical import, connected with the science.

ART. XVII.—*The Treatment of Insanity.*—By JOHN M. GALT, M. D., Superintendent of the Eastern Lunatic Asylum of Virginia, at Williamsburgh. Harper & Brothers. 1846. 8vo., pp. 578.

BY some inadvertence the above work has received no notice in our pages. We shall only be able, however, at present, to speak of it in very general terms, as its character forbids an extended analysis. The treatise seems to have grown out of the practice of the author, of transcribing every thing met with regarding the treatment of insanity, both in ancient and modern works. The list of authors quoted fills two pages; and besides these, we have an account of the Dietaries in eight British Asylums, the Report of the Commissioners in Lunacy, and a very full description of all the American Lunatic Asylums, the modes of treatment pursued in them, &c., &c. Altogether, we have here presented such a fund of information regarding the management of persons laboring under mental disease, as will be sought for in vain elsewhere, and such as justly entitles the work to a place in the library, not only of every practitioner who is called to treat this class of patients, but who wishes to be thoroughly furnished in every department of his profession. We could have wished that more attention had been paid to style and grammatical construction, but as these have been sacrificed to conciseness and condensation, we pass them by. A single extract from the report of Dr. Bell, of the McClean Asylum, will serve to show the present views of physicians connected

with our insane establishments, regarding the best mode of treating this class of diseases.

"Each year that I have passed in this extensive field," says Dr. Bell, "has served to diminish my confidence in an active medical treatment of almost every form of disease of the mind, and to increase my reliance on moral means. No individual at the head of an insane institution would now think of combating any form of insanity with the depletory and reducing means once regarded as indispensable. The practice of bleedings, violent purgatives, emetics, vesications, and derivatives, has passed away before the light of experience. A different and opposite mode of treatment by energetic sedatives, I am satisfied, is obnoxious to many objections, although far to be preferred to the first. The recoveries under their administration, occasionally most magical and most gratifying in appearance, and for the present, as far as my observation and experience have extended, are neither so perfect nor so permanent as under a less decided course of measures. A *wise expectation*, and a cautious use of medical agents to meet symptoms, comprise most of the aids that the pharmacopeia is capable of affording. But in relation to moral means especially, carried through as they can only be, by the instrumentality of an appropriate institution, my annual experience has only exalted my confidence." (p. 501.)

ART. XVIII.—*The Virginia Springs, with their analysis; and some remarks on their character, together with a directory for the use of the White Sulphur Water, and an account of the diseases to which it is applicable, etc.* By J. J. MOORMAN, M.D., Resident Physician at the White Sulphur Springs. Philadelphia, Lindsay & Blackiston.

As a general rule, treatises on mineral waters, written by the proprietors thereof, or by the physician who lives upon the reputation which said water may have in the cure of disease, must be received with some grains of allowance. His opinions are not necessarily to be distrusted—this will depend upon his general character for integrity and veracity; but they are to be scrutinized with due care, and only admitted when sustained by proper evidence. When we find Dr. Burke of the "*Red Sulphur*," disparaging the virtues of the "*White Sulphur*," and Dr. Moorman, of the "*White*," returning the compliment by a similar estimate of the "*Red*," the disinterested invalid may perhaps begin to doubt whether any real efficacy attaches to either, or if any, what may be its nature and extent. We should, however, do injustice to Dr. Moorman, if we conveyed the idea that he denies medicinal virtues to the Red Sulphur; he admits that it is *the least stimulating* of the Virginia Sulphur Waters, but not *sedative* as maintained by Dr. Burke, and that it may be successfully used in some cases, especially those of irritation of the pulmonary organs, in which other waters would be contra-indicated and prove injurious. "In sympathetic or translated affections of the lungs," says Dr. M., "whether that state be occasioned from disease of the digestive or chylopoietic viscera, or be dependent upon the retrocession of some habitual discharge, this water (Red Sulphur) deserves to be regarded as a valuable remedy." (P. 190.)

The White Sulphur Springs are situated in the county of Greenbrier,

Virginia, on Howard's Creek, six miles west of the Alleghany chain of mountains, Lat. 37½° N. and 3½° west Long. from Washington. Temperature of the water, 62° Fahr., clear and transparent, depositing a white precipitate, (sulphur), and tasting and smelling strongly of sulphuretted hydrogen gas. 100 cubic inches contain 65.54 grs. solid matter, of which the principal ingredients are, sulphate of lime 31.680 grs., sulphate magnesia 8.241 grs., sulphate soda 4.050 grs., carbonate lime 1.590, with traces of carb. magnesia, chloride magn., chloride calcium, chlor. sodium, sulph. iron, sulph. alumine, and earthy phosphates; also a trace of azotized organic matter and iodine. It also contains about $\frac{1}{14}$ of its volume of nitrogen gas, oxygen and carbonic acid gases, with a trace of hydro-sulphuric acid—or 1 gallon contains of these gases about 16 cubic inches.

With respect to the diseases to which the White Sulphur Water is applicable, Dr. Moorman remarks:

"All mineral waters are stimulants to a greater or less degree, and consequently are inapplicable to the treatment of acute, or highly inflammatory diseases. This remark is especially true as relates to the white sulphur, particularly when drank fresh at the spring and abounding in its stimulating gas. It is true, as before shown, that when its exciting gas has flown off, it becomes far less stimulating, and may be used with safety and success in cases, to which in its perfectly fresh state, it would be totally unadapted. But even in its least stimulating form, it is inadmissible for excited or febrile conditions of the system; and especially to cases of inflammatory action;—at least, until the violence of such action has been subdued by other and appropriate agents.

"It is to chronic affections of the organic system that the white sulphur water is peculiarly applicable.

"Various diseases of the stomach, liver, spleen, kidneys and bladder, as well as some derangements of the brain and nervous system generally, are treated successfully by this agent. To the various affections of the skin, unattended with active inflammation,—to chronic affections of the bowels,—and to gout and rheumatism, it is well adapted. In hæmorrhoids;—in some of the chronic affections of the womb;—in chlorosis and other kindred female disorders, in mercurial sequelæ, and especially in the secondary forms of lues, and ill-conditioned ulcers in depraved constitutions, it constitutes the most valuable agent to which the invalid can resort.

"If the individual about to submit himself to the use of this water, is suffering from fulness and tension about the head, or pain with a sense of tightness in the chest or side; he should obtain relief from these symptoms before entering upon its use. If his tongue be white, or heavily coated; or if he be continuously or periodically feverish, or have that peculiar lassitude, with gastric distress, manifesting recent or acute biliary accumulations, he should avoid its use until, by proper medical treatment, his biliary organs are emulged, and his system prepared for its reception. Much suffering, on the one hand, would be avoided, and a far larger amount of good, on the other, would be achieved, if visiters were perfectly aware of, and carefully mindful of these facts.

"It is an every day occurrence during the watering season at the "White," for persons to seek medical advice, for the first time, after they have been using the water for days, perhaps, for weeks, and it is then sought because of vagrant operations, or injurious effects of the water. In most such cases, there will be found, upon examination, either the existence of some of the symptoms just mentioned, or evidences of *local inflammation* in some part of the body, sufficient to prevent the constitutional efficacy of the remedy. We are often struck with the control which an apparently inconsiderable local inflammation will exert in preventing the constitutional effects both of the mercurial and mineral waters. To remove such local determinations where

they exist, or greatly to lessen their activity, is all important to secure the constitutional effects of sulphur water."

In relation to the effects of the White Sulphur Water in the treatment of dyspepsia, Dr. M. observes:

"In this common and annoying disease, consisting in derangement of function in the organs of digestion, the white sulphur water has long maintained a high character. In this affection, especially in its confirmed stage, we almost invariably find the biliary secretions either vitiated in quality or deficient in quantity; constituting an important, and not unfrequently, an embarrassing feature in its treatment: nor can we ordinarily succeed in effecting a cure, until the secretory functions of the liver are restored to a natural and healthy condition.

"The beneficial effects of this water in *dyspepsia*, seem to result mainly from its sanative action upon the liver. To *alterate* the secretory functions of that organ, and establish a flow of healthy bile, is one of the great forts of the water, and almost an invariable result of its persevering use.

"That the water benefits the stomach in many cases by a primary action,—first, as an alkali and stimulant, neutralizing its acidity, and imparting directly a tone and energy to the viscus—and, secondly, by a positive influence on its glandular structure, occasioning a healthy flow of gastric juice, we do not doubt. Still the most decided and permanent benefits derived by dyspeptics, have always seemed to us to be the result of full alterative impressions upon the liver. Certain it is that without such an influence upon that organ, the dyspeptic can never be confident of the permanency of his relief. It would be well for sufferers under this distressing malady to bear this in mind, and not abandon the use of the water, as many do, until it has fully impressed the liver;—nor be discouraged at its apparent want of efficacy until it has been used sufficiently long to effect this object."

In diseases of the liver and spleen there is satisfactory evidence also that the White Sulphur Water is highly beneficial. Says Dr. M.:

"The white sulphur water acts specifically upon the secretory organs, and especially upon the liver.

"We have already, in another part of this volume, shown the striking similarity of action between mercury and sulphur waters upon the animal economy. In nothing is this more manifest than in their operations on the liver.

"The *modus operandi* of sulphur water upon this viscus, is dissimilar we conceive from that of mercury, and yet the effects of the two agents are strikingly analogous. The potent and controlling influences of the water over the secretory functions of the liver, must be regarded as a specific quality of the agent, and as constituting an important therapeutical feature in the value of the article for diseases of this organ. Its influence upon this gland is gradually, but surely to unload it when engorged, and to stimulate it to a healthy exercise of its functions when torpid. The control which it may be made to exercise over the liver, in correcting and restoring its energies, is often as astonishing as it is gratifying,—establishing a copious flow of healthy bile and a consequent activity of the bowels,—imparting vigor to the whole digestive and assimilative functions, and consequently energy and strength to the body, and life and elasticity to the spirits.

"Attention was directed at an early period in the history of mineral waters, to their controlling influence over diseases of the liver, and by the best informed practitioners both of Europe and this country, sulphur waters have always been favorite remedies in the treatment of that class of affections.

"The celebrated Dr. Armstrong, although of cool discriminating and well balanced mind, was so much devoted to their use in chronic inflammations and congestions of the liver, that some of his cotemporaries, less practised in their use, thought him infatuated upon the subject. He preferred them, most decidedly, as an independent remedy, to mercury in all its forms; but

very properly observes, that in some cases, it will be found best to combine the operation of the two agents at the same time.

"For many years we have kept a *case book* at the White Sulphur, and have carefully noted the influence of the water upon such diseases as have been submitted to our management. Among the number arise several hundred cases of chronic affections of the liver, embracing disease of *simple excitement*, chronic *inflammation, congestion, engorgement* and *obstruction* to the biliary ducts, &c., &c. These cases were all treated either with the white sulphur water alone, or aided by some other appropriate alterative remedy, and in looking at the results, we must be permitted to express a doubt whether a larger *relative amount* of amendments and cures have been effected by the usual resources of the medical shop. This we know is high eulogy of sulphur water in such diseases. It is considerately made, and is not higher than their merits deserve.

"It is proper that those affected with liver disease, (and they constitute no small portion of the population in certain districts of our south-western territory), should know something of the confidence they may place in these waters for relief.

"Volumes might be filled with details of gratifying results that have taken place in the cases of invalids, from almost every section of the country, who visited these waters as a sort of "last resort" for liver disease. And hundreds of delighted witnesses may be found, especially in the warmer regions of the south, who bear a willing and grateful testimony to their utility in such cases.

"Let us not be understood, however, as advancing the opinion, that sulphur water will cure every case of chronic liver disease. Far from it. We have already stated elsewhere, that mineral waters will sometimes fail in chronic diseases of *disordered action only*. This, it is most probable, happens in cases where the blood-vessels have been so long distended, as to have lost their power of returning to their natural state. Besides, it will happen that among the number of invalids that crowd our watering places, seeking relief from this common affection, many will be found, in whose livers organic lesions have already taken place. In such, perfect cures need not be expected either by sulphur waters or any other agents.

"Jaundice is a form of liver disease in which the white sulphur water is used with very happy effects.

"Although it is often met with at the springs, we remember but few cases that were not either radically cured or greatly benefited, from a proper perseverance in the use of the water. In this, as in most other forms of liver disease, the salutary operations of the water will be hastened by the administration of some mild alterative medicine in connexion with it for the first few days."

For the effects of the water in other diseases we must refer to the work itself, which we doubt not, is entirely trustworthy, as it is written in a spirit of candor and good taste, which cannot fail to make a very favorable impression upon the reader.

ART. XIX.—*Summary of the Transactions of the College of Physicians of Philadelphia*—From December 1846 to April 1847, inclusive. 8vo.

WE here have a continuation of the very able communications made to the College of Physicians, of our sister city, and they suffer none in comparison with those of former years.

The most interesting portions are the "Annual Report on Meteorology and Epidemics," for 1846, by Dr. Moore, and the "Annual Report on Diseases of Children," by Dr. Condie. We have also a series of

valuable cases by Dr. Hallowell, illustrating the "Natural History of Tuberculous Disease," and a paper by Dr. Parrish, on the "Letheon." On this subject we quote the following remarks, in the justice of which we cordially coincide, with the exception of the imputation cast upon the Boston Medical and Surgical Journal, which appears to us wholly unfounded. We know no more consistent and hearty opponent of quackery in this country, than Dr. Smith, the able and industrious editor of that periodical.

"That an agent, which is said to possess such useful qualities, should be patented, and that the patent should bear the name of an intelligent physician, and a man of science, must be a source of extreme regret to every liberal member of our profession. We understand that both the patentee and the proprietor, hold a diploma from a medical college; and we observe further, that the course of these gentlemen in making merchandize of this discovery, if not openly justified, is excused by the Boston Medical Journal. We trust that these facts are not to be taken as an expression of the sentiments of the medical community of Boston.

"If the agent referred to, really possess the power claimed for it; if its character as a certain and safe means of assuaging human suffering should become established, how different will be the position of its discoverer from that held by the true promoters of science. Whatever plea may be set up at this late period, for the restrictive policy of securing patent rights for discoveries which tend to relieve the sufferings of mankind, or to extend the boundaries of science; the sordid motive of self-aggrandizement and individual interest in these as in inventions relating to manufactures and the mere mechanic arts will undoubtedly be attributed to those who avail themselves of this policy. It is to secure individual rights against the public appropriation of an improvement that the law grants the patent vesting exclusive ownership in the inventor, with the right to dispose of his invention for his own profit. To us it would appear much more candid and manly for those who avail themselves of this privilege and use it to this end, openly to avow it and not attempt to excuse their course by pretending great solicitude for the public welfare; the fear, if their secret is made known, that unworthy and ignorant people may use it to the detriment of others, when it is well known that many of the most useful and indispensable substances in daily use, are, if improperly employed, exceedingly dangerous and destructive.

"How far the eminent physicians who have given this article their sanction without knowing its contents, are justified in this departure from the rule, which has generally regulated the conduct of the most honorable and conscientious members of our profession in such cases, it is not for us to determine. In the present instance they may have deemed the circumstances of such a character as to warrant them in adopting this course; but we sincerely hope that no precedent will be thereby established which shall tend to lower the standard of physicians on this point. There is a principle involved in this question of patents which is vital to the existence of the medical profession as a liberal, humane, and scientific art. If that be given up, and the doctrine be substituted that the physician has a right to appropriate to his own pecuniary benefit any useful medical discovery which he may make, the barrier that now separates us from the charlatan is broken down, and the high position which our profession has long held as a humane and dignified calling is lost.

"We hope, therefore, that whatever may be the results attained by this new process, that medical men will be especially careful to avoid any compromise of principle in regard to the position in which it stands before the public, and that the whole medical community will, with one voice, enter their protest against keeping secret any process or preparation, a knowledge of which would extend our means for the relief of human suffering."

ART. XX.—*A Discourse delivered at the Funeral of Luther Ticknor, M. D., of Salisbury, Conn., April 20th, 1846.* By ADAM REID.—Hartford, 1847, 8vo., pp. 16.

THIS is an exceedingly interesting and appropriate discourse, though hastily prepared, and reluctantly given to the public. We have room only for a single extract:

"Luther Ticknor was born in Jericho, State of Vermont, March 9th, 1790. In an auto-biographical sketch which he recently commenced, and which unfortunately remains uncompleted, Dr. Ticknor thus remarks: 'In recording some of the incidents of my life and reminiscences of my family, I have no other than the following motives—to record some of the instances of God's goodness which may soon slip from my memory, and to oblige a little friend or two who may wish to know, at a future day, somewhat more particularly than they can otherwise learn, the manner in which I have been helped so far on, in the journey of life. If youth would take lessons of age, much time would be saved, many disappointments and unavailing regrets avoided; and hence, every succeeding generation would grow practically wiser. No events in my history previous to the death of my father, which took place when well advanced in my fifteenth year, deserve your attention, perhaps; and yet you will indulge me I hope, in a few remarks.'

"Dr. Ticknor then proceeds to describe what he considered his early traits; among these he mentions his 'social character,' which, he says, was 'strongly marked.' The intellectual and moral character which he attributes to himself, during his earlier years, is by no means flattering; but he speaks of his 'strong, deep, and controlling filial affection'—a trait which he is believed to have possessed in a very eminent degree.

"Soon after marriage, the parents of Dr. Ticknor removed to Vermont, then a new State, and settling rapidly, chiefly by emigration from Connecticut and Massachusetts. They remained however, but two or three years, when they returned to Salisbury. From here they removed after several years, to the town of Windham in the State of New-York, where they settled on a farm. Soon afterwards, the father of Dr. Ticknor was instantly killed by the falling of a tree, while chopping. The eldest brother, Dr. Benajah Ticknor, now surgeon of the U. S. ship Columbus, having left home, the whole charge of the family, including eight persons, devolved on Luther Ticknor, then a lad of 15 years; who, by his own personal exertions, kept them together, and furnished them the means of support for the space of three years. At the end of that time, it was thought expedient, that the family should be separated; and young Ticknor came to this place, where he lived with the late Samuel Lee, Esq., for two years; then he engaged as a school-teacher for one year, near Hudson; after which he returned to Salisbury, and commenced the study of medicine, with the late James R. Dodge. During a portion of the year, he was engaged in teaching, by which he supported not only himself, but two of his younger brothers and sister, whom he kept constantly at school. One of these brothers was the distinguished author and practitioner, the late Dr. Caleb Ticknor of New-York, who has left behind him a name and reputation which will not speedily perish from the earth. In 1816, at the age of 28, he was licensed to practise medicine, by the Board of Medical Censors, which met at New Milford; and after spending one year in Sheffield, in practice with Dr. J. Delamater, he returned and commenced practice in this town in the year 1818; 28 years ago, on the 9th of this month.

"No man ever enjoyed in a higher degree the confidence of the profession in this State than Dr. Ticknor, or stood higher in their estimation. For several years past he officiated in the examination of the medical students at Yale College, and, at the time of his death, was President of the Connecticut State Medical Society.

"That he fell a martyr in the cause of humanity there can be no doubt. His

benevolence was as unselfish as is ever met with. He probably did more for the poor than any man that ever lived in this town or county. The call of distress never found him unready—the cry of need never appealed to him in vain; and he was emphatically 'the beloved Physician,' as you all know.

"Dr. Tieknor was a man of great native talents. His mind was large, copious, brilliant, original in its conceptions, and acute to discriminate; having at command figures and illustrations and a power of felicitous expression, equal to that of any man we have ever known. He was warm and generous-hearted; unwearied in his work; storm or sunshine, night or day, it made no difference; like the great Physician, spending his life in ministering to human ills, healing sicknesses, and comforting the afflicted; and has now, we trust, gone to his reward. There is no man in this town whose death could make such a gap in society—whose loss would be felt so deeply, so extensively, and so long. He died with a good hope through grace, resting implicitly and alone on the merits of the Lord Jesus Christ."

ART. XXI.—*Proceedings at the Annual Convention of the Connecticut Medical Society, May,* 1847, *together with a List of Members and the Annual Address.* Hartford, 1847. 8vo., pp. 40.

We are highly gratified in noticing, from year to year, the increasing prosperity of the Medical Society of our native State. Embodying a large proportion of the most respectable practitioners throughout the State, it exerts a silent, but controlling influence over medical matters and opinions, and is destined to have a still wider and more powerful sway over public sentiment, as connected with the practice of the healing art. We want no better example to show what organization can accomplish in our profession, than that of the Connecticut Medical Society; as it is one of the oldest, so is it one of the most active medical associations in our country—*Esto perpetua.*

Among the resolutions passed at its recent meeting, (May 12th, 1847, we notice the following:

"*Resolved*, That the subject of selling secret or patent medicines, be referred to a committee of one from a county, who shall, as early as convenient, make a report to this Convention, of the best method, in their opinion, to be had in the premises.

"*Resolved*, That before any person can be admitted into the office of a Physician, as a Student of Medicine, he shall furnish evidence of good moral character, and shall be examined by the preceptor and one of the Fellows of this Society: the examination to be upon the subjects of English education, and Greek and Latin languages. If found qualified, he is to receive a certificate to that effect, and be enrolled as a regular student of medicine.

"*Resolved*, That the Medical Societies of each County, be requested to appoint one or more delegates to attend the next meeting of the *American Medical Association*, which is to be held in Baltimore, on the first Wednesday of May, 1848.

"*Resolved*, That a memorial be presented to the Legislature of the State, relative to the registration of births and deaths, within its limits, and that Drs. Sumner, Beresford and Barry, be a committee to present the same on behalf of this Society."

The Annual Dissertation was read by Dr. E. K. Hunt, of Hartford, the able translator of Esquirol on Insanity. We have read his Essay with high satisfaction and pleasure. It does him and the Society infinite honor. We would that it could be read by every physician in the

United States, for we believe it would tend to impart the very stimulus that is now wanted, to rouse the profession to united action. His subject is, the "Importance and Advantage of a Medical Organization." We have not space for extensive quotations, (and should hardly feel satisfied without quoting the whole), but we give the following, taken at random, as samples of the entire discourse:

"Let us inquire then, what advantages may, and do usually attend and follow such meetings as the terms of our organization contemplate. In the first place, they renew and strengthen the ties of friendship between those already known to each other. Time, like fire, dissolves all bonds of whatever nature, that are not occasionally repaired and cemented anew, by the hands that formed them. Beneath its touch friendships crumble, and the tenderest affections of the heart, imperceptibly, yet surely, fade away. Hence the necessity of frequently renewing those acquaintances and friendships, which accident or design may have led us to form.

"In the second place, it enables those who are strangers, at once to establish a fellowship with their medical brethren, and if, as we have a right to suppose, the parties are equally worthy of a mutual acquaintance, the interview is mutually and equally advantageous. What would otherwise have probably been a work of years, and indeed might never have taken place, is, by means of an organization, suitably formed and conducted, made the business of a day, and minds which had previously been separate and isolated, are now made to act in concert, while sympathies never before felt, are called into active and delightful exercise. Moved by common interests and impulses, experiencing amidst the every day duties of life, the inspiring influence of professional sympathy, and sustained amidst the manifold perplexities and trials incident to practice, by timely professional council, we come to regard the relation as indeed, what it is so frequently called, fraternal.

"Entertaining for each other sentiments like these, the members of our Society, it must be admitted, convene under circumstances most favorable to improvement. A mutual confidence opens every heart, a generous friendship renders all communicative, and a high regard for truth, with a clear conception of its bearings upon the interests of man, as well as the profession itself, leads to an earnest boldness in the expression of opinions, and a careful discrimination between fallacious theories, and well established principles. Thus each imparts, and in turn, derives much good from these free and kindly interchanges of sentiments, sympathies and opinions.

"We should leave these general views but half considered, did we omit to dwell for a moment, upon the moral effect connected with a medical organization. The very constitution of our being forbids that it should be wholly inoperative in this respect. From infancy we have been subject to the sway of moral forces of various kinds, as we passed along through the successive stages of life, and have observed the power of associated influence upon the minds of many others. I can but think, that the high moral tone, characterizing the sentiments and actions of the members of this Society, the purity of the principles contained in that code of ethics by which we are governed in this relation, exercise a powerful influence over the minds of all; and are especially serviceable by the encouragement they afford, for "patient continuance in well doing," to those who are prone to despond, either from a want of firmness of soul, or in consequence of observing the temporary triumphs of the wicked; and those, also, who see little to admire in virtuous principle, except when illustrated by a shining example."

In relation to the facilities, which a State and County organization affords, for acquiring and disseminating useful knowledge, Dr. H. remarks as follows:

"The County Societies will first, and especially, claim our notice. Occupying, as they do, a middle place between the individual on the one hand, and the State Society on the other, we may safely infer, that whatever means

may be adopted, by which they shall be made the instruments of good, will be equally serviceable to all at either extreme.

"Let us then, suppose a County Society, the members of which, animated by a sincere and earnest desire for professional improvement, are ready to adopt, and submit to all the inconvenience and fatigue incident to it, any plan by which this object may be attained.

"Divide then your members into two, four or more classes, as shall seem to be most desirable; select for each a subject for study, observation and investigation, and require from its Chairman, a written report at the meeting next succeeding. Let them not be subjects, novel and strange, which furnish few practical examples during a life of professional observation; but rather, such as are comparatively familiar.

"Fear not that these will fail to furnish matter of interest and instruction to members, or that entire unanimity of opinion or practice with respect to them, will be found to exist. A few trials will resolve your fears, and doubtless change your minds. Require your several committees to consider their respective subjects practically, having reference mainly, to the satisfying of such inquiries as will naturally occur to an intelligent, active member of the profession. Let them ascertain as near as may be, the numbers who suffer from the diseases of which they are each to take especial note, and the deaths that are occasioned by them respectively. Let them report the circumstances that attend their development and progress to their termination, the treatment employed, accurately, and in detail, and its apparent effect; the age, occupation and habits of the patient; the predisposing and proximate causes, so far as they can be satisfactorily ascertained; the locality in which the patient resides, whether upon a hill or in a valley; in a primitive or alluvial district, upon a damp soil, or one well drained; together with any other facts that may serve to elucidate the case, and add to the interest or information of members. Finally, let each committee present the general truth which may be fairly deducible from a careful survey of the subject, and leave it impressed as strongly as possible upon the minds of all. By bringing the energies of the whole medical mind of a County, to concentrated action upon a few subjects of the utmost practical importance, and in reference to which, we enjoy the most favorable opportunity for observation and investigation, we cannot fail to collect an immense mass of the most valuable material, with respect to which, explanations may be made, if required, discussions permitted, and data furnished for most accurate pathological deductions.

"The facts and observations presented in the reports prepared for the County meetings, should be collated by a committee appointed for the purpose, which might well consist of the Fellows elect of the County, and those of special value and importance, forwarded in proper form to the Convention, there to be again read and considered, and the good they are capable of conferring, spread throughout the State.

"A single County has been the basis of the above remarks, yet they will apply equally well to every and all other Counties of the State, which by an equally diligent use of the means and opportunities at their disposal, might collect an equal amount of facts and information, to swell the mass already accumulated. Indeed, they would furnish matter for deductions of great interest, and possibly of far greater proportionate practical value, than a single County could be expected to do. For example, these returns would show in what portions of the State, the diseases considered were most, and where least prevalent; where they were most severe, and where their course proves generally mild. In regard to some diseases, we know, that within the limits of a comparatively small district, great diversities exist with respect to their prevalence, if not their severity. I believe that a careful survey of this State, would show, that typhus fever prevailed much more extensively and severely in some parts or districts than others; and probably the same is true of many other diseases. Should such prove to be the fact, it might lead to examinations that would present important practical truths, of much interest to society, a swell as to the profession.

"Thus would each and every part, become a contributor of the most valuable and interesting information to every other part, receiving in return, more than an equivalent in kind, from its associate members, and furnishing to every individual belonging to the Society, the results of the experience of the four hundred and eighty-three physicians, now practising in the State, together with the leading facts upon which they are founded. How else could a like amount of equally authentic and valuable information be obtained; and is any thing more required to secure it, in all the vigor and freshness of its prime, than for each to resolve to perform his allotted portion of the task of obtaining and recording it? A task by no means difficult of accomplishment, when once resolutely undertaken."

We commend these suggestions to medical men in other States and territories, and trust that as we now have a *general organization* of the profession, we may also have such a system of local organization as will embrace every reputable physician in the United States. Let them adopt the code of Medical Ethics prepared by the committee of the National Convention, and see that they are duly observed by their members, and we have, at once, contributed much to elevate the profession, and gain for it the confidence of the community.

PART THIRD.

American Intelligence and Editorial.

***Proceedings of the National Medical Convention held in the City of Philadelphia, in May,* 1847.**

We devote a considerable portion of our present number to the reports and proceedings of the "National Medical Convention," recently held in Philadelphia. Their value and importance will justify their entire publication in our columns; where they will always be useful for future reference. We consider ourselves peculiarly fortunate in having been able to attend this Convention, as we doubt not every one does, who was present; and we but express the united feeling of the delegates, when we say that the physicians of Philadelphia did themselves infinite credit for the unbounded hospitality manifested towards its members. Especially will this remark apply to the "Committee of Arrangements" appointed by the delegates from that city, and the Professors of the different Medical Colleges, (now, not a few). But all seemed to vie with each other, in rendering the occasion one of high and unalloyed gratification; and such it confessedly was. On arriving and recording their names in the register at the room of the Academy of Natural Sciences, the place of meeting, each delegate was furnished with a card of admission to all the hospitals, colleges, and other public institutions of the city, including the Girard, the United States Mint, &c., &c., and there were few, it is believed, who did not avail themselves of the opportunity of visiting these establishments before leaving the city. Such was the general desire to oblige the delegates, that the doors of these different public institutions were thrown open to them at all hours, and such as were unusual for the reception of visitors, and the greatest willingness manifested to entertain, and give all desired information.

When to these, we add the social dinner parties, the evening *soirées and conversaziones*, the daily *re-unions*, the animated, and always good-natured debates, the extensive and agreeable acquaintances formed, we are safe in saying, that pleasant and profitable reminiscences, connected with the occasion, will follow each delegate through life.

With respect to the proceedings of the Convention, we have not space in our present number for extended comment. In general, they have our hearty concurrence. The plan of prolonging the sessions of our Medical Colleges, to six months, it is feared, will be found difficult, if not impracticable. The student would probably find it more convenient and profitable to extend his attendance on lectures through *three* sessions of four months each, as is now practised to a very considerable extent. Still, we would not discourage the attempt to lengthen the session in any College, where there exists a disposition to attempt it, and ability to carry it out. We are authorized in stating that

the Geneva and Buffalo Medical Colleges are ready to comply with the recommendation, whenever the other schools in the State come into the measure. We were in favor of referring this question to the Medical Colleges, as suggested by Professor Pattison, and let them by convention agree on and report to the next meeting of the National Medical Association, what measures they deem practicable, and then let action be taken thereon. At present there is danger that the recommendation will not be extensively carried out, for want of such previous concert and action. Without such concert, all partial attempts will rather tend to defeat the ultimate success of the plan.

With respect to the long agitated question of uniting the business of teaching and licensing in the same hands, we were gratified in finding the Convention unanimously scouting the idea, that such union "*is wrong in principle*," although admitted to be "liable to great abuses in practice."

In relation to the remedies for these abuses, though not as great as many suppose, we are in favor, as we always have been, of mixed boards of examiners, believing that this plan, if adopted, as at New Haven, Geneva, &c., will provide sufficient guarantee against the admission of unworthy candidates to the doctorate. These should be the only boards for licenses in the different States, but they should be so constituted, as to satisfy the profession that if abuses exist, they are not to be laid altogether at the door of the Colleges. The whole subject has very properly been referred to the Committee on Medical Education of the National Medical Association.

We need hardly remark that the utmost harmony and good feeling prevailed throughout the entire session of the Convention; subjects the most exciting were discussed calmly and coolly, and a spirit of conciliation and moderation pervaded the whole body. We congratulate the profession upon the brightening auspices opening before them; upon the evidences of a true revival of medicine in our land; of the increasing confidence manifested towards its cultivators by the public at large; and especially do we congratulate them that at length, a NATIONAL MEDICAL ASSOCIATION has been constituted, to give frequent, united and emphatic expression to their views and aims; and to supply more efficient means than have hitherto been available, for cultivating and advancing medical knowledge; for elevating the standard of medical education; for promoting the usefulness, honor, and interests of the medical profession; for enlightening and directing public opinion, in regard to the duties, responsibilities, and requirements of medical men; for exciting and encouraging emulation and concert of action in the profession; and for facilitating and fostering friendly intercourse between those who are engaged in it. These objects will ever command the approval and co-operation of all who desire the elevation and prosperity of one of the most honorable and useful callings which man is permitted to discharge.

In regard to the "Standing Committees" appointed in pursuance of the order of the Association, by the President, it strikes us as somewhat remarkable that *seven* at least of the gentlemen appointed, are not members of the Association, while many who have distinguished claims to such a distinction, have been entirely passed by. For example, the committee on "Practical Medicine" embraces four gentlemen of this city, only one of whom is a member of the Association,

and the same of other committees. We doubt not those physicians, thus honored, will see the propriety of declining to serve, until they belong to the body, on whose committees they have been chosen, probably through inadvertence; and we have no doubt that the worthy President, when he is made aware of the dissatisfaction to which such irregularity inevitably gives rise, will speedily correct the error into which he has fallen. But few of the numerous Colleges represented in Convention, are honored by a place on any of the committees, while one School in this city furnishes chairmen for two committees. "Honors divided" should be the motto in an association, which assumes the title of *National.*

"The delegates to the National Medical Convention assembled in the hall of the Academy of Natural Sciences, May 5th, 1847, at 10 o'clock, A. M.

"Dr. Isaac Hays, Chairman of the Committee of Arrangements, from the Philadelphia delegation, opened the proceedings with a few remarks, welcoming the delegates to the city, and expressing on behalf of his delegation, the gratification it afforded them to receive the members of the Convention as their guests. He then proposed a temporary organization, and nominated Dr. Jonathan Knight, of Conn., as Chairman. This nomination was unanimously confirmed.

"Drs. Arnold of Georgia, and Stille of Philadelphia, were then appointed Secretaries.

"On motion of Dr. Hays, and by appointment of the Chairman, Drs. Arnold of Ga., Blatchford of N. Y., Thompson of Del., Haxall of Va., and Bishop of Conn., were constituted a Committee to examine and verify the credentials of the Delegates to the Convention.

"The meeting then took a recess for half an hour.

"On re-assembling, it was moved by Dr. J. M. Smith, of N. Y., and seconded by Dr. F. C. Stewart, of N. Y., that a Committee of one from each State represented, should be appointed to nominate permanent officers of the Convention.

"Drs. Hall, from Vermont; Holmes, Mass.; Twitchill, N. H.; Dunn, R. I.; E. Ives, Conn.; Stearns, N. Y.; Cole, N. J.; Norris, Pa.; Baker, Del.; Gibson, Md.; Wellford, Va.; Lindley, D. C.; Mitchell, Ky.; Garvin, Ga.; Moultrie, S. C.; Buchanan, Tenn.; Pierce, Mich.; Frye, Ill.; Carpenter, La.; Keirn, Miss.; Bullitt, Mo.; Shipman, Ind.; Butterfield, O.

"The Committee appointed to examine the credentials of Delegates to the Convention, reported, through their Chairman, Dr. Arnold, the following list of Delegates present:*

"*New Hampshire Medical Society*—Drs. Josiah Crosby, A. Twitchill, F. P. Fitch, A. O. Dickey, J. Bartlett.

"*Vermont Medical College*—Dr. Alonzo Clark.

"*Vermont Medical Society*—Dr. Charles Hall.

"*Faculty of Castleton Medical College*—Dr. T. M. Markoe.

"*Massachusetts Medical Society*—Drs. Z. B. Adams, A. L. Pierson, Wm. Bridgman, Saml. Parkman, Geo. C. Shattuck, jr., John Jeffries, Stephen W. Williams, Elisha Huntingdon.

"*Middlesex District Medical Society*—Drs. Josiah Curtis, N. Cutler, John W. Graves.

"*Faculty of Medicine of Harvard University*—Dr. O. W. Holmes.

"*Berkshire Medical Institute*—Dr. Alonzo Clark.

"*Rhode Island Medical Society*—Drs. Usher Parsons, Theo. C. Dunn.

"*Medical Institution of Yale College*—Drs. Jonathan Knight, Eli Ives.

"*Connecticut Medical Society*—Drs. George Sumner, N. B. Ives, Johnson C. Hatch, Elijah Middlebrook.

"*New Haven Medical Association*—Dr. E. H. Bishop.

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* For want of space, we publish *only* the names of delegates present.—Ed.

"*College of Physicians and Surgeons in the City of New York*—Drs. Alex. H. Stevens, C. R. Gilman, Robert Watts, jr.

"*New York State Medical Society*—Drs. John Stearns, Jno. W. Francis, James R. Manley, Joel A. Wing, Daniel Ayres, Thos. W. Blatchford, Morgan Snyder, Jenks S. Sprague, John McCall, A. Willard, N. S. Davis, P. H. Hard, Lake I. Tefft, George W. Bradford, Enos Barnes.

"*Medical Faculty of the University of the City of New York*—Drs. Valentine Mott, Granville S. Pattison, John W. Draper.

"*Rensselaer Co. Medical Society*—Drs. Alfred Watkyns, Simeon A. Cook.

"*Troy Medical Association*—Dr. Alfred Watkyns.

"*Erie Co. Medical Association*—Dr. Bryant Burwell.

"*Cortland Medical Society*—Dr. Frederick Hyde.

"*New York Medical and Surgical Society*—Drs. Jno. A. Swett, J. G. Adams, Abram Dubois, Pliny Earle.

"*Medical Department of the University of Buffalo*—Dr. Austin Flint.

"*Medical Faculty of Geneva College*—Dr. Charles A. Lee.

"*Albany Medical College*—Drs. Alden March, James McNaughton.

"*New York Pathological Society*—Drs. Jno. T. Metcalfe, Thaddeus M. Halsted, Israel Moses.

"*New York Hospital*—Drs. John H. Griscom, John Watson.

"*Medical Society of the City and County of New York*—Drs. Thomas Cock, Albert Smith, Joseph M. Smith, Joel Foster, Wm. M. Blakeman, Abraham G. Thompson, jr., Isaac Greene, John R. Van Kleek, Samuel T. Hubbard.

"*New York Academy of Medicine*—Drs. John Stearns, F. Campbell Stewart, James R. Wood, H. D. Bulkley, Valentine Mott, R. S. Kissam, D. M. Reese, Chas. D. Smith, W. H. Van Buren, James O. Pond.*

"*Medical Society of New Jersey*—Drs. Lyndon A. Smith, Elias J. Marsh, Fred. S. Schenck, William Pierson, Jos. F. Garrison, Joseph Parrish, Othniel H. Taylor, Richard M. Cooper.

"*District Medical Society of Burlington*—Drs. N. W. Cole, Zachariah Read.

"*College of Physicians of Philadelphia*—Drs. Isaac Hays, J. Rodman Paul, Samuel Jackson, (late of Northumberland), Alfred Stille, William Pepper, George Fox, Robert Bridges, Jacob Randolph, J. Wilson Moore, Caspar Morris, C. D. Meigs, D. F. Condie, Joseph Carson, R. La Roche, C. R. King.

"*University of Pennsylvania*—Drs. Nathaniel Chapman, Samuel Jackson, George B. Wood.

"*Philadelphia Medical Society*—Drs. John Bell, G. Emerson, I. Parrish, G. W. Norris, Francis West, W. Ashmead, B. H. Coates, H. Bond, S. G. Morton, T. H. Yardley, G. D. Griscom, L. Rodman.

"*Medical Institute, Philadelphia*—Dr. John Neill.

"*Jefferson Medical College*—Drs. John K. Mitchell, Franklin Bache, Thos. D. Mutter.

"*Pennsylvania College*—Drs. Henry S. Patterson, John Wiltbank, Washington L. Atlee.

"*Franklin Medical College*—Drs. James B. Rogers, David H. Tucker, Levin S. Joynes.

"*Philadelphia College of Medicine*—Drs. Jesse R. Burden, James McClintock.

"*Northern Medical Association of Philadelphia*—Drs. Wilson Jewell, Benj. S. Janney, Moses B. Smith, John Uhler, Arnold Naudain, Isaac Remington, H. J. Brown, Jos. R. Bryan, Wm. S. Haines, Wm. Maybury, Alex. C. Hart, Jos. D. Stewart.

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* Drs. Arthur B. Stout, S. Conant Foster, Jas. L. Phelps, Daniel Ayres, jr., and Ebenezer Macfarlan, attended as substitutes for delegates of the New York Academy of Medicine not present.

"*Lancaster City and County Medical Society*—Drs. Sam'l Humes, Sam'l Duffield, J. L. Atlee, George B. Kerfoot, Jno. K. Eshleman, Henry Carpenter, Charles L. Baker.

"*Medical Society of Montgomery County*—Drs. Geo. W. Thomas, Hiram Corson, John S. Foulke.

"*Medical Society of the State of Delaware*—Drs. J. W. Thomson, James Couper, W. N. Hamilton, W. W. Morris, Wm. Cummins.

"*Medical Association of the City of Wilmington*—Drs. H. F. Askew, Geo. W. Baker, Lewis P. Bush, R. R. Porter.

"*Medical and Chirurgical Faculty of Maryland*—Drs. G. C. M. Roberts, J. R. W. Dunbar, Alex. C. Robinson, J. H. Briscoe, Joel Hopkins.

"*Association of Medical Faculty of Frederick City*—Dr. Samuel Tyler.

"*Washington University of Baltimore*—Drs. Chas. Bell Gibson, W. T. Leonard.

"*Medical Society of the District of Columbia*—Drs. F. Howard, Harvey Lindsly.

"*Medical Department of the Columbian College*—Drs. Thos. Miller, Joshua Riley, John F. May.

"*Medical Convention of Virginia*—Drs. B. R. Wellford, H. H. McGuire, J. L. Cabell, J. F. Peebles, Mathew H. Houston, Hardin Massie, William Selden, G. L. Corbin, Daniel Trigg.

"*Medical Society of Virginia*—Drs. Robert W. Haxall, John N. Broocks, Carter P. Johnson.

"*Petersburg Medical Faculty*—Dr. J. F. Peebles.

"*Medical Society of Fredericksburg*—Dr. Geo. F. Carmichael.

"*Medical Society of South Carolina*—Drs. James Moultrie, Wm. T. Wragg, James P. Jervey.

"*Medical College of the State of South Carolina*—Dr. James Moultrie.

"*Georgia Medical Society*—Drs. Richard D. Arnold, Johnston B. Tufts.

"*Medical College of Georgia*—Drs. L. A. Dugas, J. P. Garvin.

"*Mississippi State Medical Society*—Dr. G. Keirn.

"*Medical Department of University of Louisiana*—Drs. John Harrison, Wm. M. Carpenter, A. J. Wedderburn.

"*Medical Department of the St. Louis University*—Dr. A. Litton.

"*St. Louis Association of Physicians*—Dr. D. E. Meade.

"*Rush Medical College*—Dr. Jos. C. Frye.

"*Indiana Medical College*—Dr. A. B. Shipman.

"*Michigan State Medical Society*—Dr. Jas. L. Peirce.

"*Medico-Chirurgical Society of Cincinnati*—Dr. David Judkins.

"*Ohio Medical Convention*—Dr. John Butterfield.

"*Willoughby Medical College*—Dr. John Butterfield.

"*Medical Department of Transylvania University, Ky.*—Drs. Thos. D. Mitchell, S. Annan.

"*Medical Society of the State of Tennessee*—Dr. A. H. Buchanan.

"The Committee charged with the nomination of permanent officers for the Convention, reported through their Chairman, Dr. Eli Ives, the following nominations:

"*President*—Dr. Jonathan Knight, Conn. *Vice Presidents*—Dr. Alexander H. Stevens, N. Y.; Dr. George B. Wood, Pa.; Dr. A. H. Buchanan, Tenn.; Dr. John Harrison, La. *Secretaries*—Dr. Richard D. Arnold, Ga.; Dr. Alfred Stillé, Pa.; Dr. F. Campbell Stewart, N. Y.;—which were unanimously confirmed.

"The officers having taken their places, the Convention was declared to be duly organized, and ready for the transaction of business.

"On motion of Dr. J. L. Atlee, of Lancaster, Pa., it was

"*Resolved*, That any medical gentlemen present from States not otherwise represented, and the members of the Medical Staff of the Army and Navy, now in the city, be invited to take seats in the Convention.

"The following Resolution was introduced by Dr. Thomson, of Del.

"*Resolved*, That any member of the last Convention, now present, not elected a Representative in this Convention, be invited to take a seat in

the same, and participate in its deliberations;—which on being put to the vote, was lost.

"The following Resolution, presented by Dr. Corbin, of Va., was also lost: viz.:

"*Resolved*, Unanimously, by the National Medical Convention, that the Ex-Professors of medicine of the various Medical Schools of the U. S., and such Professors from abroad as may be in Philadelphia, be invited to take seats in this body.

"Dr. Hays called for the reading of the Report of the Committee appointed by the last National Medical Convention, to prepare a plan of organization for a *National Medical Association*. Dr. Watson, Chairman of the Committee, presented a report, which after being read, was, on motion of Dr. Watson, received and laid upon the table in order to be printed.

"Dr. Griscom, of N. Y., Chairman of the Committee appointed by the last National Convention to consider the expediency and mode of urging upon the State governments the adoption of measures for a registration of Births, Marriages, and Deaths, presented a Report, which was received, and laid upon the table in order to be printed.

"After which, on motion, the Convention adjourned to meet at seven o'clock, P. M.

"*Evening Session.*—The Convention met pursuant to adjournment.

"Invitations to the Convention to visit the Philadelphia House of Refuge, and the Institution for the Deaf and Dumb, were read.

"Dr. Haxall, Chairman of the Committee 'on the requirements for the degree of M. D.,' appointed by the Convention of 1846, presented a Report, which was, on motion, received, and laid upon the table to be printed.

"The Committee on Credentials, reported the following additional names of delegates. From

"*Medical Society of King's County, New York*—Drs. Lucius Hyde, David F. Atwater.

"*New York City Vaccine Institution*—Drs. John D. Russ, John W. Francis.

"*Medical Department of the University of Missouri*—Dr. John B. Johnson.

"*Massachusetts Medical Society*—Dr. J. V. C. Smith.

"*Faculty of Physic of the University of Maryland*—Drs. N. R. Smith, William Power, Samuel Chew.

"On motion of Dr. Reese, of N. Y., the verification of the credentials of the delegates from the N. Y. Vaccine Institution was referred to the delegates from that city, with instructions to report thereupon.

"Dr. Couper, of Del., as Chairman, presented the Report of the Committee 'on Preliminary Education,' appointed by the Convention of 1846, which, after being read, was, on motion, received, and laid on the table in order to be printed.

"Dr. Hays presented a portion of the Report of the Committee appointed by the Convention of 1846, to prepare a code of Medical Ethics, which (after some remarks by the Reporter in regard to the sources from which the provisions of the code were mainly derived) was read and disposed of temporarily, in the same manner as the foregoing reports.

"The following Preamble and Resolution, introduced by Dr. Watts, of N. Y., was adopted:

"*Whereas*, The credentials contain the names of delegates elected, of whom a part will not be present, therefore,

"*Resolved*, That the 'Register' of the Philadelphia Committee of Arrangement be adopted as the Register and Roll of the Convention.

"Dr. Griscom moved that the Committee 'on a Nomenclature of Diseases,' of which he is chairman, be authorized to print so much of the same, as it shall deem expedient for the use of the Convention. *Carried.*

"Dr. D. Judkins, of Cincinnati, moved that when the Convention adjourns, it adjourn to meet at 9 o'clock, A. M. Several amendments fixing the hour

at 10, and the length of the Sessions from 9 until 3 o'clock, were rejected, and then the original motion prevailed.

"At the suggestion of Dr. Hays, it was

"*Resolved*, That no persons should have access to the floor of the Convention, except delegates furnished with the cards provided by the Philadelphia Committee of Arrangement.

"After which the Convention adjourned to 9 A. M. of the following day.

"*May 6th—Morning Session.* The Convention reassembled at nine o'clock, A. M.

"The Minutes of the first day's proceedings having been read and approved, the roll was called; after which the Committee on Credentials reported the names of the following gentlemen as duly accredited delegates:

"*Centre Co. Medical Society (of Pennsylvania)*—Dr. William J. Wilson.

"*New York City and County Medical Society*—Dr. John D. Russ, (an additional delegate).

"*District Medical Society of Salem County, N. J.*—Dr. Quintin Gibbon.

"*Alumni of Castleton Medical College, Vermont*—Dr. Horace Green.

"Dr. J. H. Griscom, of New York, presented the following resolution, which was adopted:

"*Resolved*, That a committee of five be appointed by the Chair, to consider and report to the Convention measures for defraying its expenses.

"The President then appointed the following gentlemen to be the Committee:—Drs. J. Bell of Philadelphia, A. March of Albany, J. M. Smith of New York, L. A. Smith of New Jersey, B. R. Wellford of Virginia.

"Dr. Stewart reported that the delegates from the New York Vaccine Institution, whose credentials had been referred to the New York City delegations, had withdrawn the same.

Dr. N. S. Davis, of Binghamton, New York, offered the following resolution, which was ordered to be laid upon the table.

"*Resolved*, That a committee of one from each State represented in this Convention be appointed by the President, whose duty it shall be to investigate the *Indigenous Medical Botany* of our country; paying particular attention to such plants as are now, or may be hereafter during the term of their service, found to possess valuable medicinal properties, and are not already accurately described in the standard works of our country; and report the same in writing, giving not only the Botanical and Medical description of each, but also the localities where they may be found, to the next annual meeting of the American Medical Association.

"A letter, addressed to the Secretary of the Convention, was now received and read; it was signed by Dr. Lewis W. Chamberlayne, in behalf of the Medical Faculty of Hampden Sydney College, at Richmond, Va., and expressed the concurrence of the Faculty in the objects that brought the Convention together, and a regret that the delegate appointed to represent that body, was prevented by illness from attending.

"An invitation was received from the Rev. John A. Vaughan, Principal of the "Pennsylvania Institution for the Instruction of the Blind," for the members of the Convention to visit that Institution.

"On motion of Dr. R. S. Kissam, of N. Y., this, and all other invitations extended to the Convention, were ordered to be acknowledged and accepted by the Secretaries.

"Dr. J. Bell, chairman of the Committee appointed by the Convention of 1846, to prepare a code of Medical Ethics, read the introduction to the report presented yesterday, which was, on motion, ordered to be printed.

"The report of the Committee appointed by the last Convention, to consider Dr. Bartles' Resolution, in regard to the union of teaching and licensing, was now called for. Dr. McNaughton, of Albany, Chairman of the Committee,

presented and read a minority report. The majority report was presented by Dr. Isaac Parrish, of Philadelphia.

"On motion of Dr. Reese, of N.Y., both reports were received and ordered to be printed.

"Dr. A. B. Shipman, of N. Y., presented the following, which was adopted:

"*Resolved*, That Dr. Thomas Spencer, of Geneva, N. Y., accidentally with us on a tour for the restoration of his health, be invited to sit with us as a member of this Association; to participate in the debates, but not to vote.

"Dr. J. H. Griscom, of N. Y., Chairman of the Committee appointed to prepare a 'Nomenclature of Diseases,' presented and read the report of his committee: which was received and ordered to be printed.

"The following order was proposed by Dr. J. V. C. Smith, of Boston, and on motion of Dr. Watson, laid upon the table for the present:

"*Ordered*, That a committee be appointed by the Chair to select a place for the National Medical Convention to hold a session in 1848.

"Dr. Couper, of Delaware, moved that the report of the Committee on Preliminary Education, be now taken up. This motion prevailed, and the report having been again read, the resolutions accompanying it were declared to be under consideration.

"Several amendments to the first resolution having been proposed and lost, the question was taken upon the adoption of the resolution; and it was adopted.

"The second Resolution was adopted after substituting the word 'pursue' in place of 'complete.'

"The third Resolution having been read, Dr. Cabell, of Virginia, offered an amendment, which was adopted, but subsequently reconsidered and withdrawn, and the resolution passed without amendment.

"On motion, the Report of the Committee was adopted and ordered to be printed, together with the resolutions, as part of the proceedings of the Convention.

"On motion of Dr. John Stearns, of New York, Professor Hare, of Philadelphia, was invited to a seat in the Convention, and to take part in the debates, but without the privilege of voting.

"An invitation was received from the delegates in attendance from the city of Baltimore, for the National Association about to be formed, to hold its session for 1848 in that city.

"On motion, it was determined that when the Convention adjourns, it will adjourn to meet again at 5 o'clock, P. M.

"Dr. Joel Hopkins, of Maryland, offered the following resolution to be adopted as a rule of the Convention:

"*Resolved*, That no gentleman shall be permitted to speak more than twice on the same proposition, nor occupy more than fifteen minutes in speaking, without leave of the Convention.

"The Resolution was amended, by inserting 'ten minutes' in lieu of 'fifteen minutes,' and then adopted.

"On motion of Dr. M'Naughton, of Albany. 250 additional copies of the Report of the Committee on Preliminary Education were ordered to be printed, and the Convention adjourned.

"*Afternoon Session.*—The Convention was called to order at the hour to which it had adjourned.

"The Committee on Credentials reported the name of Dr. J. Breitenbach, as an accredited delegate from the Lebanon County Medical Society of Pennsylvania.

"Dr. J. L. Pierce of Michigan, offered the following resolution, which was adopted:

"*Resolved*, That the delegates to this Convention, be requested to ascertain, as far as may be practicable, and report to the next annual meeting, the num-

ber of practitioners of medicine in their respective States—designating the number who may have received a diploma from a medical college, the number who may have been licensed by a medical society, and the number who practise medicine without any authority whatever.

"Dr. I Hays, of Philadelphia, moved to take up the Report of the Committee, appointed under the fourth resolution of the Convention of 1846. This motion prevailed, and on motion of Dr. S. N. Davis, of Binghamton, the resolutions attached to the report were ordered to be considered seriatim.

"The first resolution having been read, Dr. Smith, of Newark, N. J., moved to amend by inserting 'five months,' in place of 'six months'—the amendment was lost, and the question being taken upon the resolution, it was adopted.

"The second, third, fourth, fifth, and sixth resolutions, were then severally read and adopted without discussion.

"The seventh resolution being under consideration, Dr. Washington L. Atlee, of Pennsylvania, offered the following as a substitute—

"'That it is incumbent upon Preceptors to avail themselves of every opportunity to impart clinical instruction to their pupils; and upon Medical Colleges, to require candidates for graduation to show that they have attended upon Hospital practice for one session, whenever it can be accomplished.'

"This substitute, having been accepted by the Committee, was adopted.

"Resolutions were proposed by Dr. J. P. Jervey, of South Carolina, and Dr. A. H. Stevens, of New York, but were withdrawn in favor of the following additional resolution, offered by Dr. F. Campbell Stewart, of New York, and unanimously adopted:

"'That it be suggested to the Faculties of the various Medical Institutions of the country, to adopt some efficient means for ascertaining that their students are actually in attendance upon their lectures.'

"The two remaining resolutions were then acted upon and passed; and, on motion, the report and resolutions were adopted.

"An invitation was received from Dr. Thomas S. Kirkbride, of the 'Pennsylvania Hospital for the Insane,' for the Delegates to visit the Institution under his control; and then the Convention adjourned to nine o'clock, A. M., on the following day.

"*May 7th. Morning Session.*—The Convention re-assembled at nine o'clock, A. M.

"Dr. Stevens, of New York, moved that a committee be appointed to invite Dr. John Redman Coxe to take a seat upon the floor of the Convention; which was carried.

"Drs. Stearns and Eli Ives were appointed.

"Dr. Blatchford, of New York, moved that Dr. Cheney Howe, of St. Louis, Mo., be invited to take a seat upon the floor of the Convention; which was carried.

"The minutes of yesterday's meeting were then read.

"Dr. Haxall, of Virginia, moved to reconsider so much of the minutes as relate to the fifth resolution accompanying the report of the committee of which he was chairman; which motion was carried.

"He then moved to strike out the words 'that not less than one hundred lectures be delivered by each Professor;' which was carried.

"The resolution as amended was then adopted.

"The minutes were then confirmed.

"The Committee on Credentials reported the names of the following gentlemen as accredited delegates:

"*Centre Co. Medical Society, Pennsylvania.*—Drs. Wm. M. Wilson, and John McCoy.

"*Lebanon Co. Medical Society, Pa.*—Dr. Jeremiah Breitenbach.

"*The Med. and Chirurg. Faculty of Maryland*—Drs. P. Wroth, James Bordley, Solomon Jenkins.

"Under a previous resolution, also the name of Dr. Benjamin King, of the U. S. Army.

"Dr. Geo. B. Kerfoot, of Pennsylvania, offered the following:

"*Resolved*, That when physicians are called upon by courts of justice to give medical evidence, or opinions in medico-legal questions; or by coroners to make *post-mortem* examinations, or chemical analyses: such services shall be considered professional, and remuneration expected accordingly.

"Which was laid on the table.

"Dr. Sumner, of Connecticut, offered the following:

"*Resolved*, That a committee of three be appointed to ascertain and report to the next meeting of the Association, what legal enactments exist in the several States relative to the practice of medicine; and also what societies and associations have been formed by the physicians of the different States, to advance the medical profession.

"Which was laid on the table.

"Dr. Bell, of Pennsylvania, made the following report.

"The committee appointed for taking measures to defray the expenses of the Convention, report,

"That from inquiries made they believe that the sum of six hundred dollars will cover all the expenses incident to the meeting of the present Convention, and they respectfully recommend that each member be invited to contribute three dollars to make up the above sum. Signed,

"JOHN BELL, Chairman.

"After some discussion, the report was adopted.

"Dr. L. P. Bush, of Delaware, offered the following, which was laid on the table.

"*Resolved*, That the committee on expenses be requested to collect the amount indicated as necessary to defray the expenses of the Convention.

"On motion of Dr. Watson, of New York, the Convention took up the report of the committee on the organization of the National Medical Association.

"Dr. Naudain, of Pennsylvania, moved that it be read from the Secretary's desk.

"Dr. Cock, of New York, moved to dispense with the reading.

"Dr. Naudain's motion prevailed.

"The report was then read by the Secretary.

"Dr. Hays, of Pennsylvania, moved to adopt the resolution on page second of the printed report, as far as the words, 'and that' on the twelfth line, which was carried.

"The Convention then proceeded to the consideration, seriatim, of the articles proposed for the government of the Association.

"The first article being under consideration, Dr. Kerfoot, of Pennsylvania, offered the following as an amendment, that the title be 'The Conventional Association of the United States.'

"Which was lost.

"Dr. Stout, of New York, proposed the following amendment, that the title be 'The Medical Association of the United States of North America.'

"Which was lost.

"The first article was then put to vote and adopted without amendment.

"The second article being then before the Convention, Dr. Hays, of Pennsylvania, offered the following:

"*Resolved*, That the report be referred back to the committee with instructions to report a plan of organization in accordance with the following sketch.

"1st. The Society to consist of members to be elected by the Association, directly, or through its council.

"2d. Members, before admission into the Association, to sign a promise to conform to the laws of the Association.

"3d. Members who violate this pledge, to be liable to expulsion, and to be deprived of the rights of brotherhood.

"4th. For the appointment of a council to consist of the officers of the

Society, and of councillors, to be elected annually, or all the former, and a portion at least of the latter, to be elected annually. The councillors to have the general superintendence of the concerns and publications of the Association, and to report the proceedings to the Association at its annual meeting.

"After considerable discussion, Dr. Hays' resolution was lost.

"It was then moved to adopt the second article.

"Dr. Cabell, of Virginia, moved to insert, after the word 'Association,' on the ninth line of the third page, second Article, of the printed copy, the words 'but without the right of voting.'

"Which was carried.

"Dr. Askew, of Del., offered the following amendment, which was lost.

"That the third section of the second article be amended, by adding the words 'State and,' between the words 'each' and 'local;' and that the word 'ten' be stricken out, and the word 'five' be inserted.

Dr. Sumner, of Conn., moved to adopt the whole of the remaining articles.

"The question was then taken upon adopting the whole of the remaining articles, and was carried.

"The question was then put upon the adoption in full of the report as amended, and was carried.

"The Convention then took up the report of the Committee on Medical Ethics.

"Dr. L. P. Bush, of Del., moved to adopt the whole of the report, including the introduction.

"Dr. John L. Atlee, of Penn., offered the following amendment, which was lost, viz.: in the fourth Section of Article four, to strike out the words, 'in which they have been called,' and to insert the words 'of seniority, commencing with the youngest.'

"The question on Dr. Bush's motion was then put to the Convention, and was carried.

"The report of the Committee upon Registration was then taken up, and with the resolutions accompanying it, was adopted without dissent.

"The Convention took a recess for ten minutes, to enable members to hand in their contributions to the committee appointed to receive them, for the purpose of defraying the expenses of the Convention. After the Convention had re-assembled, the President announced the following Committee under the second Resolution accompanying the report of the Committee on Registration.

"Drs. J. H. Griscom, C. A. Lee, A. Clark, of New York; G. Emerson, of Pennsylvania; R. D. Arnold, of Georgia; John D. Russ, of New York; Mr. Lemuel Shattuck, of Massachusetts.

"A communication, from Dr. Robley Dunglison, on the publications of the Sydenham Society, was then read to the Convention.

"Dr. Stevens, of New York, moved that the report of the Committee on the nomenclature of diseases, which was next in order, be referred to the American Medical Association; which was carried.

"The Report of the Committee on the Separation of Teaching and Licensing, was then called up.

"Dr. Reese, of New York, offered the following—

"*Resolved*, That the report of the majority of the committee on the subject of separating the teaching from the licensing power in Medical Colleges, be adopted by this Convention, and published in its transactions.

"*Resolved*, That the report of the minority be laid upon the table, and printed in like manner.

"Dr. Leonard, of Maryland, offered the following, as a substitute for the foregoing, which was accepted by Dr. Reese.

"*Resolved*, That in view of the necessity hereby declared for reform in the manner of conferring degrees, the two reports submitted by the committee on the separation of teaching and licensing, be published and referred to the

Committee on Medical Education, with instructions to report at the next annual meeting of the American Medical Association, which was adopted.

"The Convention then adjourned to 5 o'clock, P. M.

"*Evening Session.*—At 5 P. M. the Convention met pursuant to adjournment.

"Dr. J. V. C. Smith, of Boston, introduced the following Resolution, which was read and adopted:

"*Resolved*, That the thanks of this Convention are due to the officers and directors of the various institutions, who have politely invited the members to visit them at their own convenience,—to the Committee of Reception and Arrangements, on behalf of the Philadelphia Delegation, for the spacious and elegant accommodations provided,—to the Academy of Natural Sciences, for the use of its Hall,—and to the whole medical profession of the city, for the marked kindness, personal attention, and generous hospitality, which have characterized their intercourse with this body since the commencement of its deliberations.

"On motion of Dr. L. A. Smith, of New Jersey, it was

"*Resolved*, That those members of the Convention who left the city before the assessment of three dollars to defray expenses was made, be requested to forward that amount to Dr. J. Rodman Paul, of Philadelphia, by letter, or otherwise, as may be convenient.

"Dr. Reese, of New York, introduced the following Resolution:

"*Resolved*, That a committee be appointed to draft a memorial to the Congress of the United States, asking that a portion of the Smithsonian funds may be annually appropriated to the uses of the American Medical Association,—which was seconded by Dr. Meigs, of Philadelphia, but laid upon the table.

"A like disposition was made of the following, offered by Dr. M. H. Houston:

"*Resolved*, That a committee of seven be appointed to report to the next annual meeting of the American Medical Association, such modifications of, and amendments to, the adopted plan of organization, as in their estimation may be imperiously required, in order to accomplish the objects of its original organization.

"On motion of Dr. Thomson, of Delaware, it was ordered 'that the names of the delegates, when published, be arranged by States.'

"The following Preamble and Resolutions, introduced by Dr. Henry Carpenter, of Lancaster, were laid upon the table.

"*Whereas*, The difficulties which sometimes unfortunately arise between the physicians in their attendance upon the sick, are frequently owing to improper procedure, or representations on the part of the patients or friends, from an ignorance of the etiquette which should govern the conduct of the respective parties towards each other; therefore,

"*Resolved*, That the President of this Convention appoint a committee of three, to select such parts of the code of Ethics, adopted by this body, as they may deem expedient, and report the same to the Convention for approval at its session to-morrow morning.

"2*d*, That the Committee of Publication have a sufficient number of copies of the same printed, and deliver, or send, to each delegate a suitable number.

"3d, That delegates request the editors of the public journals, in their respective localities, to publish the same as proper and useful information for the people.

"Dr. Garvin, of Georgia, introduced the following Resolution, which was adopted.

"*Resolved*, That the thanks of the Convention be presented to their President, Dr. Knight; to the Vice Presidents, Drs. Stevens, Wood, Buchanan, and Harrison; and to the Secretaries, Drs. Arnold, Stillé, and Stewart, for the very efficient manner in which they have discharged the various duties imposed upon them.

"Dr. A. Flint of New York, presented the following Resolution, which was passed:

"*Resolved*, That it be recommended by this Convention to the medical profession of the States, wherein laws sanctioning and providing for the prosecution of dissections do not already exist, to unite in endeavoring to procure the passage of such laws.

"Dr. Thomson, of Delaware, offered a Resolution relative to the organization of the 'American Medical Association,' but accepted as a substitute the following, presented by Dr. F. C. Stewart of New York.

"*Resolved*, That all unfinished business be referred to the 'American Medical Association' about to be organized.

"*Resolved*, That this Convention do now resolve itself into the 'American Medical Association,' and that the officers of the Convention continue to act as officers of the Association until others be appointed; which was unanimously adopted.

"On motion, the President was requested to appoint a Committee, consisting of one person from each State represented in the Convention, to nominate officers of the Association for the ensuing year.

"On motion of Dr. Bishop, of Connecticut, it was

"*Resolved*, That the Delegates of every Society or Association, represented in this body, be requested to send to the Secretaries the form of organization, or act of incorporation, and constitution of their Society or Association, with a list of its members.

"Dr. Griscom, of New York, moved that the Report on the Nomenclature of Diseases, be referred to the Committee on Registration, appointed at the morning session. It being objected that this committee was created by the Convention, the Association, on motion of Dr. F. C. Stewart, confirmed the appointment of the Committee, and the Report was referred accordingly.

"Dr. Humes, of Pennsylvania, offered a resolution, directing the Committee on Registration to report on the subject of premature interments, which was laid upon the table.

"The Committee appointed to nominate Officers for the American Medical Association, reported the following nominations:

"*President*—Dr. Nathaniel Chapman, of Pennsylvania. *Vice Presidents*—Drs. Jonathan Knight, Conn.; Alexander H. Stevens, N. Y.; James Moultrie, S. C.; A. H. Buchanan, Tenn. *Secretaries*—Drs. Alfred Stillé, Philadelphia; J. R. W. Dunbar, Baltimore. *Treasurer*—Dr. Isaac Hays, Philadelphia.

"It was determined on motion of Dr. J. L. Atlee, of Pennsylvania, that the vote of the Convention for Officers be taken *viva voce*.

"Dr. A. H. Stevens, of New York, moved a reconsideration of this motion; which was carried, and on motion of Dr. Askew, of Delaware, the vote was ordered to be taken by ballot. Drs. Blatchford, of New York, and Haxall, of Virginia, were appointed tellers, and declared that the nominees of the Committee were unanimously elected Officers of the Association for the ensuing year.

"On motion of Dr. Thomson, of Delaware, a committee of five was ordered to wait upon the President elect, and invite him to take the Chair. For this purpose the President appointed Drs. Twitchell, of N. H.; E. Ives, of Conn.; Corbin, of Va.; Jervey, of S. C.; and Annan, of Ky.

"Dr. J. V. C. Smith, of Mass., moved to take up his resolution in regard to the next place of meeting of the Association, and the invitation of the Delegates from Baltimore having been called for and read, it was, on motion, Resolved, that their invitation be accepted.

"Dr. Watson, of New York, moved for a committee of seven, to nominate members of the Standing Committee named in the plan of organization, but the motion was so amended as to empower the President and Vice Presidents, to appoint these Committees in time for the publication of the proceedings, and the motion, thus amended, was passed.

"On motion of Dr. N. S. Davis, of N. Y., his resolution relative to a committee, to report on the Indigenous Botany of the several States, was taken from the table, and adopted.

"Dr. Chapman, the President elect, was then introduced, and on taking the chair, made the following remarks:

"'He could find no language to express the depth of his gratitude. It had often been his good fortune during his professional life to have been complimented in the same manner, though not in the same degree. This was the most precious of all the honors he had received, as spontaneously conferred by his own brethren. He confessed his incompetency to serve the Association as he could desire. He loved his profession, and should be ungrateful if he did not: whatever he possessed in this life, had been bestowed by its favors; when he forgot it, or deserted it and its disciples, he remarked with great emphasis, may Almighty God forget and desert me. He desired that the Association should be persuaded of his ardent wishes for the cause, and that his most strenuous efforts would be unceasingly directed to advance the dignity of the profession, and extend its usefulness.'

"The following was offered by Dr. John B. Johnson, of Missouri:

"Whereas numberless and important evils result from the almost universal practice of allowing persons wholly ignorant of drugs and medicines to engage as apothecaries; and still greater from the universal traffic in patent and secret medicines,

"Therefore, resolved, that the Committee on Education inquire into the expediency of establishing a school or schools of Pharmacy in the respective States, for the special purpose of preparing persons for the business of apothecaries; and also the expediency of adopting a rule that no physician ought to patronize a druggist or apothecary who deals in patent and secret medicines—and report at the next annual meeting of the Association. Adopted.

"The following was offered by Dr. F. Campbell Stewart, of New York:

"*Resolved*, That the Committee on Publication be directed to have printed not less than two thousand copies of the proceedings of the late Convention, (with the Reports), and of this Association up to the period of its adjournment; and distribute the same to the members of the Association. Passed.

"After which, on motion, the Association adjourned to meet in Baltimore on the *first Tuesday* of May, 1848.

"At a meeting of the President and Vice Presidents of the "American Medical Association," held on May 8th, 1847, the following Standing Committees were appointed in pursuance of the order of the Association:

"*Committee of Arrangements*—Dr. G. C. M. Roberts, Balt., Chairman; Drs. A. C. Robinson, Balt.; J. H. Briscoe, Balt.; J. R. W. Dunbar, Balt.; Wm. Power, Balt.; W. T. Leonard, Balt.; C. Bell Gibson, Balt.

"*Committee on Medical Sciences*—Dr. S. Henry Dickson, S. C., Chairman; Drs. J. P. Jervey, S. C.; Robert Bridges, Philada.; J. W. Francis, N. Y.; Wm. T. Wragg, S. C.; Wm. Power, Balt.; T. Romeyn Beck, N. Y.

"*Committee on Practical Medicine*—Dr. Joseph M. Smith, N. Y., Chairman; Drs. René La Roche, Phila.; John Harrison, La.; H. M. Bullitt, St. Louis, Mo.; J. B. Beck, N. Y.; Isaac Wood, N. Y.; G. S. Camman, N. Y.

"*Committee on Surgery*—Dr. George W. Norris, Philada., Chairman; Drs. Isaac Parrish, Phila.; John Watson, N. Y; A. L. Peirson, Salem, Mass.; J. Randolph, Phila.; H. H. McGuire, Petersburg, Va.; C. Bell Gibson, Balt.

"*Committee on Obstetrics*—Dr. Harvey Lindsly, D. C., Chairman; Drs. G. C. M. Roberts, Balt.; J. Riley, D. C.; R. W. Haxall, Richmond, Va.; W. Channing, Boston; C. R. Gilman, N. Y.; S. Annan, Lexington, Ky.

"*Committee on Medical Literature*—Dr. Oliver Wendell Holmes, Boston, Chairman; Drs. E. Hale, Boston; G. C. Shattuck, Jr., Boston; D. Drake, Louisville, Ky.; John Bell, Phila.; Austin Flint, Buffalo; W. Selden, Norfolk, Va.

"*Committee on Medical Education*—Dr. Alexander H. Stevens, N. Y., Chairman; Drs. Amos Twitchell, Keene, N. H.; B. R. Wellford, Fredericksburg, Va.; Arnold Naudain, Phila.; R. D. Arnold, Savannah; F. Campbell Stewart, N. Y.; L. P. Bush, Wilmington, Del.

"*Committee on Publication*—Dr. Isaac Hays, Phila., Chairman; Drs. Alfred Stillé, Phila.; J. V. C. Smith, Boston; J. P. Garvin, Augusta, Ga.; J. R. W. Dunbar, Balt.; Gouverneur Emerson, Phila.; Caspar Morris, Phila.

"*Committee on Indigenous Botany, under the Resolution of Dr. N. S. Davis*—Dr. N. S. Davis, Binghampton, N. Y., Chairman; Drs. S. W. Williams, Mass.; Eli Ives, Conn.; Engleman, Mo.; W. A. Cheetham, Tenn.; Jos. Carson, Pa.; Charles Short, Ky.; E. E. Phelps, Vt.; A. Twitchell, N. H.; T. C. Dunn, R. I.; Lyndon H. Smith, N. J.; James Couper, Del.; A. C. Robinson, Md.; Frederick Marx, Va.; J. P. Porcher, S. C.; J. Le Conte, Ga.; Cartwright, Miss.; Carpenter, La.; John M. Bigelow, Lancaster, Ohio; G. Norwood, Ind.; Merryman, Springfield, Ill.; Russel, Detroit, Mich.; J. Riley, D. C.

"NOTE.—Dr. Hiram Corliss, a delegate from the Washington Co. (N.Y.) Medical Society, having been prevented from reaching Philadelphia until the day after the Association adjourned, signed the Constitution of the Association, and paid the assessment ordered by the Convention.

"Richard D. Arnold, Alfred Stillé, F. Campbell Stewart, *Secretaries.*

"REPORT OF THE COMMITTEE ON THE ORGANIZATION OF THE NATIONAL MEDICAL ASSOCIATION, AS ORDERED BY THE NATIONAL MEDICAL CONVENTION HELD IN THE CITY OF NEW YORK IN MAY, 1846.—The Medical Convention held in the city of New York, in May last, having resolved, 'That it is expedient for the Medical Profession of the United States to institute a National Medical Association,' and having appointed a committee of seven, consisting of Drs. John Watson, John Stearns, and F. Campbell Stewart, of the city of New York; A. Stillé, of Philadelphia; N. S. Davis, of Binghamton, N. Y.; W. H. Cogswell, of Plainfield, Conn.; and E. D. Fenner, of New Orleans, 'To report a plan of organization for such an association, at a meeting to be held at Philadelphia, on the first Wednesday in May, 1847;' the said committee, after carefully deliberating on the business entrusted to them, beg leave respectfully to report.

"*Plan of Organization for a National Medical Association.*—Whereas, the Medical Convention, held in the city of New York in May, 1846, have declared it expedient 'for the Medical Profession of the United States to institute a National Medical Association;' and,

"Inasmuch as an institution so conducted as to give frequent, united and emphatic expression to the views and aims of the Medical profession of this country, must at all times have a beneficial influence, and supply more efficient means than have hitherto been available here, for cultivating and advancing medical knowledge, for elevating the standard of medical education, for promoting the usefulness, honor, and interests of the Medical Profession; for enlightening and directing public opinion in regard to the duties, responsibilities and requirements of medical men, for exciting and encouraging emulation and concert of action in the profession, and for facilitating and fostering friendly intercourse between those who are engaged in it;—therefore,

"Be it resolved, in behalf of the Medical Profession of the United States,—that the members of the Medical Convention held in Philadelphia, in May, 1847, and all others who, in pursuit of the objects above-mentioned, are to unite with, or succeed them, constitute a National Medical Association;—and that, for the organization and management of the same, they adopt the following regulations.

"I. *Title of the Association.*—This institution shall be known and distinguished by the name and title of 'The American Medical Association.'

"II. *Members.*—The members of this institution shall collectively represent and have cognizance of the common interests of the medical profession in every part of the United States; and shall hold their appointment to membership either as delegates from local institutions, as members by invitation, or as permanent members.

"*The Delegates* shall receive the appointment from permanently organized medical societies, medical colleges, hospitals, lunatic asylums, and other permanently organized medical institutions of good standing, in the United States. Each delegate shall hold his appointment for one year, and until another is appointed to succeed him, and shall participate in all the business and affairs of the association.

"Each local society shall have the privilege of sending to the association one delegate for every ten of its regular resident members, and one for every additional fraction of more than half of this number. The faculty of every regularly-constituted medical college or chartered school of medicine, shall have the previlege of sending two delegates. The professional staff of every chartered and municipal hospital containing a hundred inmates or more, shall have the privilege of sending two delegates; and every other permanently organized medical institution of good standing shall have the privilege of sending one delegate.

"*The Members by invitation* shall consist of practitioners of reputable standing, from sections of the United States not otherwise represented at the meeting. They shall receive their appointment by invitation of the meeting after an introduction from any of the members present, or from any of the absent permanent members. They shall hold their connection with the association until the close of the annual session at which they are received; and shall be entitled to participate in all its affairs, as in the case of delegates.

"*The Permanent Members* shall consist of all those who have served in the capacity of delegates, and of such other members as may receive the appointment by unanimous vote.

"Permanent members shall at all times be entitled to attend the meetings, and participate in the affairs of the association, so long as they shall continue to conform to its regulations; and when not in attendance, they shall be authorized to grant letters of introduction to reputable practitioners of medicine residing in their vicinity, who may wish to participate in the business of the meetings, as provided for members by invitation.

"Every member elect, prior to the permanent organization of the annual meeting, or before voting for any question after the meeting has been organized, must sign these regulations, inscribing his name and address in full, specifying in what capacity he attends, and, if a delegate, the title of the institution from which he has received his appointment.

"III. *Meetings.*—The regular meetings of the Association shall be held annually, and commence on the second Tuesday of May. The place of meeting shall never be the same for any two years in succession, and shall be determined for each next succeeding year by a vote of the Association.

"IV. *Officers.*—The officers of the Association shall be a President, four Vice Presidents, two Secretaries, and a Treasurer. They shall be nominated by a special committee of one member from each State represented at the meeting, and shall be elected by vote on general ticket. Each officer shall hold his appointment for one year, and until another is elected to succeed him.

"*The President* shall preside at the meetings, preserve order and decorum in debate, give a casting vote when necessary, and perform all the other duties that custom and parliamentary usage may require.

"*The Vice Presidents*, when called upon, shall assist the President in the performance of his duties, and, during the absence, or at the request of the president, one of them shall officiate in his place.

"*The Secretaries* shall record the minutes, and authenticate the proceedings, give due notice of the time and place of each next ensuing annual meeting, and serve as members of the Committee on Publication. The Secretary first in nomination shall also preserve the archives and unpublished transactions of the Association.

"*The Treasurer* shall have the immediate charge and management of the funds and property of the Association. He shall be a member of the Com-

mittee on Publication, to which committee he shall give bonds for the safe keeping, and proper use, and disposal of his trust. And through the same committee he shall present his accounts, duly authenticated, at every regular meeting.

"V. *Standing Committees.*—The following Standing Committees, each composed of seven members, shall be organized at every annual meeting, for preparing, arranging, and expediting business for each next ensuing year, and for carrying into effect the orders of the Association not otherwise assigned—namely, a Committee on arrangements, a Committee on Medical Sciences, a Committee on Practical Medicine, a Committee on Surgery, a Committee on Obstetrics, a Commitee on Medical Education, a Committee on Medical Literature, and a Committee on Publication.

"*The Committee on Arrangements* shall, if no sufficient reasons prevent, be mainly composed of members residing in the place at which the Association is to hold its next annual meeting; and shall be required to provide suitable accommodations for the meeting, to verify and report upon the credentials of membership, to receive and announce all essays and memoirs voluntarily communicated, either by members of the Association, or by others through them, and to determine the order in which such papers are to be read and considered.

"*The Committee of Medical Sciences* shall prepare an annual report on the progress of the Medical Sciences in America, noticing, as occasion may require, the more important improvements and discoveries in Anatomy, Physiology, Hygiene, General Pathology and Therapeutics, Medical Jurisprudence, Materia Medica, and other branches of natural science, bearing directly on the condition and progress of Medical knowledge in America, during the year of their service.

"*The Committee on Practical Medicine* shall prepare an annual report on the more important improvements effected in this country in the management of individual diseases; and on the progress of epidemics: referring as occasion requires, to medical topography, and to the character of prevailing diseases in special localities, or in the United States generally, during the term of their service.

"*The Committee on Surgery* shall prepare an annual report on all the important improvements in the management of surgical diseases effected in America during the year.

"*The Committee on Obstetrics* shall prepare an annual report on all the important improvements in the Obstetric Art, and in the management of diseases peculiar to women and children, effected in America during the year.

"*The Committee on Medical Education* shall prepare an annual report on the general condition of medical education of the United States, in comparison with the state of medical education in other enlightened nations; noticing, as occasion may call for, the courses of instruction, the practical requirements for graduation, the modes of examination for conferring degrees, and the reputed number of pupils and graduates at the several medical institutions in the United States, during the year:—noticing also the requirements of the United States Army and Navy Boards of Medical Examiners, the legal requirements exacted of medical practitioners in our several States, and all such measures, prospective or established, in reference to medical education and the reputable standing of the profession, as may be deemed worthy of special consideration.

"*The Committee on Medical Literature* shall prepare an annual report on the general character of the periodical medical publications in the United States, in reference to the more important articles therein presented to the Profession, on original American medical publications, on medical compilations and compends by American writers, on American reprints of foreign medical works, and on all such measures as may be deemed advisable for encouraging and maintaining a national literature of our own.

"*The Committee on Publication*, of which the Secretaries and Treasurer

must constitute a part, shall have charge of preparing for the press, and of publishing and distributing such of the proceedings, transactions and memoirs of the Association, as may be ordered to be published. The six members of this Committee, who have not the immediate management of the funds, shall also in their own names as agents for the Association, hold the bond of the Treasurer for the faithful execution of his office, and shall annually audit and authenticate his accounts, and present a statement of the same in the annual report of the Committee; which report shall also specify the character and cost of the publications of the Association during the year, the number of copies still at the disposal of the meeting, the funds on hand for further operations, and the probable amount of the Assessment to be laid on each member of the Association for covering its annual expenditures.

"VI. *Funds and Appropriations.*—Funds shall be raised by the Association for meeting its current expenses and awards from year to year, but never with the view of creating a permanent income for investments. Funds may be obtained by an equal assessment of not more than three dollars annually on each of the members; by individual voluntary contributions for specific objects; and by the sale and disposal of publications, or of works prepared for publication.

"The funds may be appropriated for defraying the expenses of the annual meetings; for publishing the proceedings, memoirs, and transactions of the Association; for enabling the standing committees to fulfil their respective duties, conduct their correspondence, and procure the materials necessary for the completion of their stated annual reports; for the encouragement of scientific investigations, by prices and awards of merit; and for defraying the expenses incidental to specific investigations, under the instruction of the Association, where such investigations have been accompanied with an order on the treasurer to supply the funds necessary for carrying them into effect.

"VII. *Provision for Amendments.*—No amendment or alteration shall be made in any of these articles, except at the annual meeting next subsequent to that at which such amendment or alteration may have been proposed; and then only by the voice of three-fourths of all the members in attendance.

"And in acknowledgment of having adopted the foregoing propositions, and of our willingness to abide by them, and use our endeavors to carry into effect the objects of this Association, as above set forth,—we have hereunto affixed our names.

"In connection with the foregoing 'Plan of Organization,' the committee beg leave further to report the following as one of the ordinances, or by-laws of the proposed Association, viz:—The Order of Business

"The order of business at the annual meetings of the American Medical Association shall at all times be subject to the vote of three-fourths of all the members in attendance; and until permanently altered, except when for a time suspended, it shall be as follows, viz.:

"1. The temporary organization of the meeting preparatory to the election of officers.

"2. The report of the Committee of Arrangements on the credentials of members; after the latter have registered their names and addresses, and the titles of the institutions which they represent.

"3 The calling of the roll.

"4. The election of officers.

"5. The reading of minutes.

"6. The reception of members not present at the opening of the meeting, and the reading of notes from absentees.

"7. The reception of members by invitation.

"8. The reading and consideration of the stated annual reports from the standing committees.

"9. The selection of the next place of annual meeting.

"10. The new appointments to fill the standing committees.

"11. The choice of permanent members by vote.

"12. Resolutions introducing new business, and instructions to the permanent committees.

"13. The reading and discussion of voluntary communications introduced through the committee on arrangements.

"14. Unfinished and miscellaneous business.

"15. Adjournment.

"Before bringing this report to a close, the committee beg leave to remark, that in preparing the foregoing 'plan of organization,' and 'ordinance' accompanying it, they have constantly had in view, as worthy of imitation, the plan of organization and order of business adopted without any previous concert of action, by the Medical Convention of 1846.

"The plan here presented, differs from the mode of organization adopted by the late Convention, principally in such points as are necessary to give permanency and influence to the proposed Association. It is believed to be sufficiently simple and at the same time sufficiently comprehensive and practicable, for organizing the whole of the Medical Profession of the United States into a permanent body; and for carrying into effect all the objects contemplated in the formation of a National Medical Association.

"All of which is respectfully submitted.

"John Watson, John Stearns, F. Campbell Stewart, Alfred Stillé, N. S. Davis, E. D. Jenner (by the Chairman.")

"Report of the Committee appointed under the fourth Resolution of the National Medical Convention, assembled in New York, May, 1846. —*Resolved*,—That it is desirable that a uniform and elevated standard of requirements for the degree of M. D., should be adopted by all the Medical Schools in the United States; and that a committee of seven be appointed to report on this subject, at a meeting to be held in Philadelphia on the first Wednesday in May, 1847.

"*Committee.*—Drs. Haxall, Cullen, of Richmond; S. A. Patteson, Manchester, Va.; A. Flint, Buffalo, N. Y.; J. Perkins, Castleton, Vt.; J. A. Wing, Albany, N. Y.; George W. Norris, Philadelphia.

"The committee under the fourth resolution of the convention which assembled in New York in May, 1846, and which has for its object the adoption of a uniform and elevated standard of requirements for the degree of M D., have had the same under consideration, and beg leave to offer the following *Report*:—

"The excitement which appears to have pervaded the medical mind for some considerable time in relation to the subject of reform, not only in this but in foreign countries, would of itself present an argument sufficiently demonstrative of its importance.

"The ceaseless and unwearied exertions of the master-minds of the profession, constantly urging on improvement in the various departments of medicine, have elaborated a work which it will require years of toilsome study justly to appreciate; and while we are far from indulging the Utopian idea that the newly graduated student is to be immediately transformed into the accomplished physician, yet do we believe from the complaints which spring from almost every quarter, that lamentable deficiencies do exist, and that these deficiencies should be corrected.

"Nor do we stand alone in this opinion. The same spirit of reform which has assembled this convention, produced in Great Britain amendments to the charters of her Colleges, and convoked the Medical Congress which sat in Paris, than which a more renowned body of men never met to deliberate upon the interests of the profession. Not a great deal, it is true, has yet been accomplished in Great Britain, owing to the influence still exercised by medical corporations, and the indifference with which Parliament has regarded the efforts of the reformers. But in enlightened France, protected and cherished as are all her literary institutions by government, the most propitious results have been obtained. The term of study has been prolonged; other branches of medical education have been added to the already extensive

curriculum, and more frequent and rigid examinations have been adopted by which to test the qualification of the candidate.

"And when we consider the existing systems of other countries, how vast a difference is manifested upon the most cursory examination; truly must it be acknowledged that the mass of our medical graduates is inferior to those of other climes, or that the talent of America, like its broad and impetuous rivers, or its majestic forests, can recognize no equality in others.

"We are free to confess that within the last twenty or five-and-twenty years, medicine has been better taught among us than at any former period. It is difficult to imagine, indeed, that the progressive efforts of foreign lands should pass wholly unnoticed in this: and, while their example has been productive of some improvement, much yet remains to be accomplished. It is unquestioned that the facilities for education have been augmented not only in the public schools of the country, but private enterprise has exerted no slight influence in the attainment of this end. But let us not remain stationary while the interests of society and the profession impel us to further advancement.

"If we discard the preliminary education demanded of students in Europe, and confine our attention to the branches actually taught in the medical schools, it will be perceived that the deficiency on our part is sufficiently apparent. All the branches which we profess to teach are taught by them; in addition to which (and we now refer more particularly to continental institutions) we may enumerate the several subjects of Zoology, Botany, Comparative Anatomy, the History of Medicine, Hygiene, Medical Physics, and Clinical Medicine and Surgery. All these branches, it is true, are not crowded upon the mind during a single session, but are distributed throughout successive years; while clinical instruction, in both medicine and surgery, is reserved for the last year or two, after it is presumed the student has made such advances in his primary studies as will enable him perfectly to understand the lessons which are taught him at the bedside of the patient.

"Instruction so full and so complete must of necessity require a lengthened period for its accomplishment; hence we find that, in France and Austria, the term of lectures is extended to a fraction more than four years; in Germany to three years and four months; in Great Britain to two years, while in the schools of our own country, two sessions of four months each are alone sufficient to entitle the candidate to an examination. And if we extend our inquiries a step further, we shall find as great a contrast in regard to the examinations by which the qualifications of candidates are tested. Nowhere, we believe, except in England and America, is the qualification made to rest upon a single viva-voce examination; but throughout the period of the student's probation, repeated examinations are held at stated intervals. By proceeding in this manner, not only is the qualification more accurately ascertained, but certain branches are completely mastered before others have been commenced. Thus we learn from Mr. Surgeon Wilde's work on Austria and her Institutions, that, at Vienna, the student is compelled to undergo an examination at the end of every six months by each professor whose lectures he may have attended. During the fifth year, which completes his term of study, he is subjected to two other examinations, besides giving a detailed history of two or more clinical cases, and defending in public a thesis written in the Latin language. In Prussia, four examinations are required. When the pupil has satisfactorily completed the third, the honors of the Doctorate are conferred upon him; but he is not yet permitted to enter upon the practice of his profession. To enjoy this privilege, a more rigid ordeal must be passed; he is now called upon to demonstrate his *practical* acquaintance with the several subjects in which he has been instructed; take charge of patients under the immediate inspection of his teachers, and is finally questioned by eight of the most distinguished professors of the country in every department of the science. By a recent decree of the University of France, it is now ordered that examinations shall be held at the termination of each year upon the branches which have been taught during the year; at the

conclusion of the whole term of study, a final examination is instituted, embracing the subjects taught throughout the whole course. A knowledge of clinical medicine and surgery is also required, and a thesis must be publicly defended.

"Although thus rapidly and most imperfectly enumerated, we have thought it not inappropriate to the subject to mention the requisitions which are demanded in foreign schools. They either exact of their pupils an unnecessary standard of requirements, or we, on the contrary, are satisfied with too low a grade of qualification. Which alternative is this convention prepared to adopt? Are we willing to assert, and maintain the opinion that he who has passed eight months within the walls of a medical college is as well fitted for the practical duties of his profession, as he who has devoted years to more extended studies? Assuredly we cannot advocate a proposition so absurd. Nor, perhaps, is it at all requisite to occupy the time of the convention with a long detail of arguments in order to prove the *necessity* of some measures of reform.

"In regard to the two subjects of preliminary education and the mode of examination, this committee has nothing to do. But being charged with the duty of reporting upon a uniform and elevated standard of requirements for the degree of M. D., whatever alteration in the present system it may recommend, will more immediately bear upon the interests of the school. Yet let it not be supposed, as some we fear have imagined, that the object of this Committee, or of this Convention, is to attack with a ruthless hand the institutions of the country, rendered venerable by time, or that still larger number whose charters have been obtained at a more recent date. We believe that no agrarian feeling has stimulated to action the advocates of reform in this or any other land; we dare express the conviction that the best interests of society and of the profession itself (which spring from no selfish considerations), could alone have commenced a work, which, if calmly and perseveringly conducted, must redound to the good of all.

"We are aware that many obstacles are opposed to the successful prosecution of the several matters upon which we have assembled to deliberate. With no National Legislature to regulate our Medical Institutions, and with a reckless indifference to their concerns too often practised by our State Governments, each has endeavored to build up for itself, if not an enduring reputation, at least a long catalogue of names. And the colleges themselves resting secure in their chartered rights, may contend against any interference with their several systems of education; although we would fain indulge the hope that some among them stand prepared to listen to that voice which rarely speaks in vain—the voice of public opinion. This it is which now agitates the professional mind from one end of this Union to the other; and this it is which, if not now heeded, will not cease to reiterate its cry. Let but a very few even of our conspicuous institutions demand of their pupils a more extended course of study, and so far from their interests perishing in the attempt we cannot doubt that an accession to their numbers will ere long reward their efforts. The possession of the diploma no longer tests the qualification of the man; and it cannot be doubted that the large number of Medical Colleges throughout the country, and the facility with which the degree is obtained, have exerted a most pernicious influence. Numbers of young men have entered the profession who were not prepared for its onerous and responsible duties, who, after a longer or shorter period of disappointment, have served to swell the list of empirics, or to seek employment by means unbecoming the character of the physician or the gentleman. Nor can it well be otherwise, when each returning spring lets loose upon the community some twelve or thirteen hundred graduates, whose professional existence must depend upon the encouragement they receive.

"To correct these evils it is indispensable that the standard both of preliminary and of medical education should be elevated; and as we have said before, let no institution fear to commence the laudable undertaking. The encouraging plaudits of the profession will cheer it on, and its general voice

will direct our medical students to that source of information from which is to be derived the largest supply. We are, moreover, unwilling to inflict such discredit upon the ingenuous youth of the land as to imagine, that they would not voluntarily become the pupils of that school whose diploma is to be gained by a more prolonged and complete course of study. They will feel that their success in after life will mainly depend upon the labors of their earlier years; and when success shall crown their efforts, they will enjoy the proud satisfaction of knowing that it is based, not upon the disgraceful trickery of the impostor, but upon the solid foundation of positive acquirement.

"It may not, perhaps, be wandering too far from our legitimate course to remark, that no ordinary responsibility rests upon Professors themselves. They stand as the guardians more than any others of the public weal; for every student who receives the diploma, is furnished by them with *prima facie* evidence, that he is prepared for that important occupation in which he seeks to engage. And if we admit the supposition that in any case he is not thus prepared, it will require the prediction of no seer to foretell the lamentable result. We believe the opinion defensible, that in no profession is it more difficult to arrive at just conclusions, as to real merit, than in that of medicine. 'And hence (in the language of another) there devolves upon those who are most competent to judge, and who have the best opportunity for judging, a vast responsibility to see well to it that none but the truly meritorious should be admitted to the profession under their sanction. From the fact that society cannot in this respect adequately protect itself, the teachers in our Medical Schools should exercise a guardianship the more watchful, a jealousy the more keen, and a firmness the more unyielding.' With a determination thus expressed, to furnish the community with individuals who have gained the honors of the doctorate solely on account of their merit, it cannot be saying too much when we assert that a reciprocal duty rests upon it; a duty which should ever lead to the protection and encouragement of those who have devoted their time and talents to its dearest interests.

"The most beneficial consequences may be expected from the efforts of private Preceptors. The position can scarcely be controverted, that a proper inquiry into the fitness of young men to become Students of Medicine is but seldom instituted; and numbers have been admitted into the offices of their Preceptors who were deficient even in the most common branches of an English education. Too long has it been imagined, and too often has it been asserted, that the veriest dolts possessed intellect sufficient for the study of medicine. To such the idea could never have occurred, that within its broad and expanded limits may be profitably included a knowledge of almost every science; nay, more, may we not truly say that a high and exalted position can never be attained, unless the mind be well stored with an amount of collateral information which will be found to bear upon our professional studies at every step?

"There is another point in which the preceptor sometimes fails to do his duty. We are too often satisfied with merely placing the most approved authors, if you please, in the hands of our pupils, without instituting a regular series of examinations and explanations, in default of which the impressions produced by reading are frequently evanescent, if not erroneous. The inexperienced mind of the student requires so to be regulated in its pursuits, that each successive link in the chain of information may be properly adjusted; by which arrangement not only is much economy of time and labor secured, but the field of knowledge is thus gradually expanded before him, until finally he is brought to comprehend its whole area in all its uniformity and beauty. Let us then exercise a jealous watchfulness over our pupils in these particulars; let us remand to academical teachings the individual who has neglected the rudiments of a common education, and let us feel that we have not rightly earned our fees of tuition, unless we shall have honestly labored to advance the student's interests by all the means in our power.

"In entering upon the principal purport of this report, it is deemed advisable to remark, that in order to obtain a knowledge of the requirements de-

manded by the various schools of the country, a letter was addressed to all whose existence was known to your committee, requesting them to furnish the desired information. These consisted of thirty-three in number; and answers were received from nineteen, being a fraction more than one-half. In the majority of instances pamphlets were forwarded to the chairman, containing the rules and regulations of the college, together with the branches taught; while from others, letters were received simply stating that two full courses of lectures were demanded, that the candidates must be twenty-one years of age, of good moral character, &c. From this correspondence but little available information was derived. A circular was then dispatched to the different colleges propounding the following questions, answers to which were respectfully solicited. Nineteen of these circulars were filled up and returned.

"State 1*st*. The number of students during the session of 1845–6.
2*d*. The number of graduates in 1845–6.
3*d*. The number of charity pupils in 1845–6.
4*th*. The number of professors attached to your school.
5*th*. The date at which lectures begin and end.
6*th*. The requirements for a degree.
7*th*. Is the inquiry made previous to examination, whether or not these requirements are fulfilled?
8*th*. Is any evidence of having attended a course of clinical instruction necessary to graduation?
9*th*. Is it required of candidates for graduation that they shall have devoted any time to dissection?

"The responses to these several questions have been arranged in tabular form, from which the result of the whole correspondence may be ascertained at a glance, and which your committee beg leave to lay before this Convention, as a part of this report. We cannot avoid the expression of our regret, that so many of the colleges have failed to respond to our circular, not, we hope, from a listless indifference to the subject, or a determination not to abide by the recommendations of this body. Information was also requested from the proper authorities in regard to the requirements of surgeons in the army and navy of the United States; but no reply has been received from them. (See Note A.)

"In summing up the information obtained from the nineteen colleges named in the table, in the order in which the questions were proposed, it will be found that the number of students belonging to these institutions during the session of 1845–6, amounted to 2,544, including 31 non-paying pupils; and that the number of graduates was 730;—the number of professors varies from *three* to *eight*. It may be proper to remark that the lowest number here named is attached to the University of Virginia, where the usual branches of medical education are taught, and where the term of study extends throughout the period of *nine* months. If we exlude this institution from our table, the minimum is *five* and the maximum is *eight*. The time employed in lecturing also varies; *thirteen* weeks being the shortest, and *eighteen* the longest period. *Sixteen* weeks, however, are devoted to the lectures, in a large majority of the schools. The requirements for the degree of M. D. appear to be very general:—the candidate must be twenty-one years of age; his moral character good; his examination satisfactory; his thesis passable, and he must have attended two full courses of lectures, to be included within the period of three years' study. In some of the schools a practice of four years and an attendance on one course of lectures, is sufficient to entitle the individual to an examination. Branches are taught in some institutions which are omitted in others, and the manner in which these are distributed is by no means uniform. It appears without exception that the inquiry is made previous to examination whether or not all the requirements have been fulfilled, and in some cases unquestionable proof of the fact must be adduced. Evidence of having attended a course of clinical instruction is required in *twelve* of the colleges, while in *seven* it is not; and as to dissection, *five* render it

obligatory, and the remaining *fourteen* are content to urge its recommendation.

"Such, then, is the information which the committee, after diligent inquiry, is enabled to lay before this body. It would have been a matter of some importance to have received answers from all the schools, for in that case an account entirely accurate of the whole number of students in the United States would have been obtained. (See Note B.) It will be seen that the nineteen colleges which noticed our circular, report the aggregate number to be 2,544; and if it be proper to assign the same ratio to the fourteen which did not, the whole number of students during the session of 1846–6, will be found to be 4,418 and a fraction. We believe this to be a very fair statement, for several statistical tables published from time to time in the journals, have varied but little from this amount; and if we extend the same rule to the classes of graduates, we reach the conclusion that a fraction less than 1300 were added to the already existing number of physicians, in the spring of 1846.

"The very large number of physicians in the United States, a number far larger in proportion to its population than in any other country perhaps of which we have a correct knowledge, has frequently been the subject of remark. To relieve the diseases of something more than twenty millions of people, we have an army of Doctors amounting by a recent computation to forty thousand, which allows one to about every five hundred inhabitants. And if we add to the 40,000 the long list of irregular practitioners who swarm like locusts in every part of the country, the proportion of patients will be still further reduced. No wonder, then, that the profession of medicine has measurably ceased to occupy the elevated position which once it did; no wonder that the merest pittance in the way of remuneration is scantily doled out even to the most industrious in our ranks,—and no wonder that the intention, at one time correct and honest, will occasionally succumb to the cravings of hard necessity. The evil must be corrected. With a government like ours, to diminish the number of medical schools is not to be expected; and the corrective can alone be found in the adoption of such a standard of requirement, in the general estimate of which the recommendations of this committee will form but an item, as will place the diploma beyond the reach of those who seek to wear its honors without deserving them.

"The shortness of the time allotted to the delivery of Lectures, we believe to be an evil of no small magnitude. It is next to an impossibility, that the strongest intellect can receive and well digest some half a dozen discourses or more a day, embracing subjects which have oftentimes little or no immediate connection with each other. The mind becomes wearied with the multiplicity of its occupations, and the thoughts of to-day are forgotten in the constantly recurring and harassing duties of the morrow. A proper allotment of time cannot be given to that deep reflection which the importance of the subject demands, and without which no solid advancement can be made. There are individuals, too, who do not always rest satisfied with professional prelections, who approve in its fullest extent the adage, "nullius addictus jurare in verba magistri," and who seek in the recorded experience of others the widest extent of information. Nor can teachers themselves, with every disposition to impart the fullest instruction, do justice to their several branches within the limited period of four months. For this reason, the examination which may, indeed, test the actual acquirement of the student, can never embrace an extensive field of knowledge. Under the present regulation this cannot be expected; for justice to the pupil must prevent an inquiry into subjects in which he has never been instructed.

"In regard to the branches to be taught, it is not improbable that the recommendation of the Committee may not meet the views of some of the members of this Convention. It may be thought that others should have been added, and that consequently the number of Professors should have been considerably augmented. This subject was freely canvassed by the Committee, and the opinion was general that in the commencement of our effort to reform the existing condition of things, too high a standard of requirement ought not

to be immediately insisted on. The conclusions to which this Convention may come upon any subject, cannot be forced upon the schools contrary to their wishes. In the advice of this body there exists, however, a moral power which it would be unwise to disregard, a power which, while it seeks to elevate medical requirement, should not impose a single requisition which is not entirely practicable. Besides, it is to be recollected that the decrees of this Convention need not be final and unalterable. The National Medical Association, contemplated under the first two resolutions adopted at the meeting in May last, which it is to be hoped will convene from time to time in different parts of the country, can legitimately exercise the same influence which we now seek to do; and when in after time it may be deemed advisable to add new subjects of instruction, it will not hesitate to express its opinion. Under this view of the matter, your Committee advise that lectures be given on the following branches, in all the Colleges, viz.: on the Theory and Practice of Medicine; the Principles and Practice of Surgery; General and Special Anatomy; Physiology and Pathology; Materia Medica; Therapeutics and Pharmacy; Midwifery, and Diseases of Women and Children; Chemistry and Medical Jurisprudence.

"These subjects, it is true, are now taught in a majority of our schools. With a lengthened period for teaching, a double advantage will be gained; a wider extent of information may be imparted to the student, while his time will be occupied with fewer lectures during the day. As to the appropriation of the several branches, it is deemed inexpedient to make any suggestion, as the circumstances of each Institution may be such as will necessarily lead to a different arrangement in this particular. It is believed, however, that a slight augmentation in the number of Professors will become necessary.

"In regard to clinical instruction, your Committee would willingly have made it a requisition to the attainment of the diploma; but an insuperable difficulty seemed to exist. It is believed that few of the Colleges have Hospitals attached to them, and in very many instances where such Institutions exist in cities, the Professors do not receive the appointment of attending Physicians and Surgeons. Consequently, the opportunity is lost to them of imparting such instruction as would be valuable to the student.

"We cannot, however, close this portion of our report, without urging the very great importance of clinical instruction. Many a young man has entered upon the duties of his profession, sufficiently instructed, it may be, in its principles, who has most painfully felt the responsibility of his position. In default of a certain degree of practical knowledge, indecision must often fetter his efforts to the detriment of his patient, and that self-confidence, which can alone restore serenity to his mind, must be purchased by a long period of perplexing doubt. During the pupilage of the student, he should lose no opportunity of witnessing cases of disease wherever they are to be found. Instructors themselves, should esteem it their highest duty to introduce their pupils to the bedside of their patients in all cases where propriety will admit of it. The Hospitals, Penitentiaries, and Poor-houses, found in so many of our towns and cities, will furnish from time to time, cases of every description, while the pauper practice of the country will prove no indifferent means of imparting clinical information. Instruction gained from these sources in free and familiar conversation with the Preceptor, will perhaps be of more avail than any other; for the large number of Students who occasionally throng the wards of the Hospital, render it impossible for each one to obtain a correct knowledge of the cases presented to him. We do not intend by this remark to convey the idea that information given in this way would be valueless. On the contrary, when properly conducted, it may be made productive of the greatest good. Let the Professor daily analyze the symptoms which arise in every case; have them carefully noted down in his ward-book, together with his prescriptions, and at its termination let him review the whole ground, aided by a post mortem examination if it result unfavorably, and he will impart instruction which is truly valuable.

"By reference to the table accompanying this report, it will be seen that

only five of the colleges insist upon dissection as a requisite to graduation. Your committee accord in the opinion, that all should render it obligatory upon the student to devote some portion of his time to this needful pursuit To enter into an argument to prove its absolute necessity not only to the surgeon but also to the physician, would be a work of supererogation. We therefore offer without further remark, the following resolutions for the adoption of this Convention :

"*Resolved*, 1st. That it be recommended to all the colleges to extend the period employed in lecturing, from four to six months.

"2d. That no student shall become a candidate for the degree of M. D. unless he shall have devoted three entire years to the study of medicine, including the time allotted to attendance upon the lectures.

"3d. That the candidate shall have attended two full courses of lectures, that he shall be twenty-one years of age, and in all cases shall produce the certificate of his preceptor, to prove when he commenced his studies.

"4th. That the certificate of no preceptor shall be received who is avowedly and notoriously an irregular practitioner, whether he shall possess the degree of M. D. or not.

"5th. That the several branches of medical education already named in the body of this report, be taught in all the colleges; that not less than one hundred lectures be delivered by each Professor, and that the number of Professors be increased to seven.

"6th. That it be required of candidates that they shall have *steadily* devoted three months to dissections.

"7th. That it is incumbent upon Preceptors to avail themselves of every opportunity to impart clinical instruction to their pupils; and upon Professors to connect themselves with Hospitals whenever it can be accomplished, for the advancement of the same end.

"8th. That it is incumbent upon all schools and colleges granting diplomas, fully to carry out the above requisitions.

"9th. That it be considered the duty of Preceptors, to advise their students to attend only such institutions as shall rigidly adhere to the recommendations herein contained.

"All which is most respectfully submitted.

"RO. W. HAXALL, *Chairman.*

"*May*, 1847."

"Note A.—After finishing this report, a communication was received from H. L. Heiskill, acting surgeon-general, in answer to the letter addressed to the surgeon-general late in May, 1846.

"The absence of this officer from the seat of government prevented an earlier reply. Such portions of said communication as have reference to the subject-matter of this report, your committee have thought proper to embody in this note. Many of the duties required of army surgeons are of course not performed by practitioners in civil life.

"'Under the regulations the medical officer is required to investigate the physical agents that may affect the health of the troops, to make reports upon the medical topography of his station, to aid in the selection of military positions, and as a question of military hygiene, to express his views in respect to the diet, clothing, watering, and exercises of the troops. He is from the necessity of the case a *general practitioner* in the most extended sense of the term, and from location he is often thrown entirely upon his own resources and deprived of the advantage of calling to his aid the friendly counsel of professional brethren.'

"'Nor have the army medical officers been regardless of the high claims of medicine in itself as one of the *liberal* professions. Themselves medical men, they feel a deep interest in the character of the profession, and rejoice in any measure that would tend to promote its honor and efficiency.'

"Next follows a table showing the number of applicants examined from the year 1841 to 1845, both inclusive, being a period of five years. It here appears that 51 were examined, while only 17 were approved.

"'The most striking causes of failure on the part of the candidates are, *insufficient preparatory education; a hurried course of professional pupilage; want of proficiency in practical anatomy*, in *pathology*, and in *clinical medicine*.'

"'The candidates are examined on the branches usually taught in our medical schools, also on their literary and scientific attainments, embracing a grammatical knowledge of the English language, Latin, and natural philosophy, (or physics), which are deemed important branches of education to those entering on the study of a *liberal* profession. Each candidate is required, as introductory to his examination, to prepare in writing a brief extemporaneous description of the causes, symptoms, pathology, treatment, &c., of such disease as may be assigned by the Board, together with one or more prescriptions proper in the case, written out in form for the apothecary.'

"A merit roll accompanies the communication, which shows the branches upon which the applicants are examined. These are as follows: 'Literary and Scientific qualifications, Anatomy and Physiology, Principles and Practice of Surgery, Principles and Practice of Medicine, Obstetrics, Materia Medica, Chemistry, and Medical Jurisprudence.'

"'In the several branches herein enumerated, the candidate is required to be well-grounded. The examinations are conducted with the view of ascertaining the measure of his natural endowments, his general professional intelligence, as well as his exact knowledge, his practical ability and strength of judgment.'

"NOTE B.—The Chairman received the reply of the Indiana Medical College, located at Laporte, on the Thursday before leaving home;—too late to be inserted in the table which had then been completed. In 1845–6, it had 81 students, 18 graduates and 6 Professors."

For the Table accompanying this Report, see next number of the Jour. of Med.

REPORT ON SEPARATING TEACHING AND LICENSING.

"*Report.—The Committee to whom was referred the following Resolution, passed at the Medical Convention, held in the City of New-York, in May*, 1846, *viz.*:—*Resolved*, That the union of the business of teaching and licensing in the same hands is wrong in principle, and liable to great abuse in practice. Instead of conferring the right to license on medical colleges, and State and county medical societies, it should be restricted to one board in each State, composed in fair proportion of representatives from its medical colleges and the profession at large, and the pay for whose examiners should in no way depend on the number licensed by them—Respectfully report:—

"That they have carefully considered the resolution referred to them, and submit the result of their deliberation to the consideration of this Convention.

"The resolution embraces two distinct subjects, each of which requires separate examination and discussion. *First*, It is stated that the union of the business of teaching and licensing is wrong in principle, and liable to great abuse in practice. There can be no question that the union of the business of teaching and licensing, is liable to a great abuse in practice, like the performance of all other important duties which devolve upon so fallible a being as man; but it is not quite so clear, or admits so readily of demonstration, that such union is wrong in principle. On the contrary, it would, at first sight, seem most natural to conclude, that those appointed to give instruction in the several branches, which constitute a suitable medical education, would be the best qualified to judge what proficiency the candidate for license had made, and whether he was qualified to practise or not. In this Convention it is believed that there will exist no difference of opinion, in relation to the abstract question, of the fitness of the teachers to judge of the qualifications of candidates for licenses or degrees. It will probably be admitted, that, taking teachers as a body, they are at least as well qualified to conduct the examinations, and to judge of the fitness or unfitness of candidates to be invested with the privileges of the profession, as any other class of practitioners. If this be conceded, it must also be conceded, that it is not wrong in principle,

or morally wrong, to unite teaching and licensing in the same hands. Then if it be not wrong in principle, is it inexpedient to unite the two powers, because their union is liable to great abuse in practice? What are the abuses complained of, which in the estimation of so many respectable members of the profession, call for a separation, to effect which, such sweeping changes are proposed to be made in the organization of our Medical Societies and Medical Colleges?

"The abuse most loudly complained of, is, that in consequence of the great multiplication of medical schools in the United States, there exists such a competition for students, such a desire to have a long catalogue of names, and a goodly list of graduates, that almost every person who has gone through the prescribed course is allowed to pass, and that thus the people are imposed upon, and the character of the profession degraded. It cannot be denied, that there is too much truth in this charge, and too much ground for complaint. In perhaps every Medical School in the Union, the requirements for degrees are too low, and the honor, if such it may be called, is too unsparingly bestowed. But is it the fault of the colleges altogether that the requirements are so low? Has the profession thus far united in calling for higher attainments? The great complaint is that *some colleges* do not enforce rigidly and honestly the existing legal requirements, low as they are. There is reason to believe, that some of the oldest and most flourishing schools are as open to this charge as the obscure and comparatively unimportant ones. Hence much of the strong feeling now existing against all colleges in the profession. But while some institutions enforce all the existing legal requirements in good faith, is it just to involve them in the same indiscriminate condemnation with those which abuse their privileges? The best remedy for the evil, the Committee are inclined to think, is, to establish a more uniform and a more elevated standard of requirements in the several colleges for the doctorate, and to introduce into the board of examiners in such colleges, as do not already possess such a check, a sufficient number of gentlemen of the profession, not engaged in teaching, to insure that the requirements will be honestly enforced in every case.

"For the present, at all events, it is deemed more prudent to reform the boards we have, than try the experiment of creating new ones—a reform is required, but not a revolution.

"Another complaint is, that the pupils of teachers meet with more favor than others, and are allowed to pass, even when unqualified. There may be such cases; but this is a minor evil. It would be difficult to find a board of examiners, where favoritism would not, now and then, find access. Another ground of objection, rather insinuated than openly advanced, is, that the examiners may be influenced by the fees received for the degree or license, to pass persons they would otherwise reject. Most of the members of this committee have long been members of boards of examiners, and not feeling conscious of having, on any occasion, been influenced by such grovelling considerations themselves, are, therefore, unwilling to believe, without the most positive proof, that such a charge, against professors, or censors, is well founded, or entitled to any consideration from this Convention If it be true, that the above-mentioned are the principal objections to the mode at present in use, to obtain licenses and degrees in medicine, (and they are almost the only ones the committee have heard suggested), it would seem to be a matter of no great difficulty to correct any abuse that may exist, without having recourse to a new and untried tribunal, such as is proposed in the resolution referred to the committee.

"In favor of leaving the colleges in undisturbed possession of the privileges now possessed by them, several arguments, entitled to consideration, may be adduced. 1st, Several of the institutions possess the privilege of conferring degrees, having the validity of a license to practise the different branches of medicine, as a vested right, of which even the legislature cannot deprive them. Without their consent, therefore, no uniform rule applicable

to all the States can be adopted, and uniformity is essential to the successful working of the reform contemplated.

"2d. Under the present organization each school has it in its power to elevate or degrade the value of its diploma; and to make the possession of it an honor, or otherwise, according to the character of the school from which it emanates. The faculty of each college is interested in maintaining the reputation of the institution with which it is connected.

"3d. The character of the graduates of an institution will, in a great measure, depend on the character, as men and as teachers, of the Professors. When the Professors are men of elevated sentiments, the students insensibly imbibe the same high tone of feeling. The young graduate is proud of seeing the names of men whom he honors and perhaps venerates attached to his diploma; while teachers cannot fail to be gratified in attesting to the qualifications of diligent and well-deserving pupils. It may well admit of doubt whether it would be advantageous to break up this sympathy between students and their instructors.

"4th. The teachers have the best opportunities of knowing the characters and capacities of candidates, from witnessing their general deportment in the class rooms, and at the several examinations to which, in most institutions, they are subjected, during the lecture terms. The necessity of good behavior, and regular attendance, for obtaining a degree, contributes greatly to secure that discipline and decorum in the class rooms so essential to the advancement of the pupil, and the success of the teacher. If the Professors were to be excluded from the board of examiners, or not to have a preponderating control, their influence over their classes would be greatly impaired. Every one knows that the conduct of a medical class depends almost entirely on that of the advanced students, and that among such of those as are not influenced by higher and more honorable considerations, the fear of the examinations operates as a powerful check on unruly behavior.

"The Committee leave it to the Convention to decide, whether the arguments in favor of the present mode of granting diplomas in the colleges, are sufficient to counterbalance the abuses said to be connected with it.

"The second division of the resolution proposes that 'instead of conferring the right of license on medical colleges, and State and county medical societies, it should be restricted to one board in each State, composed in fair proportion of representatives from its medical colleges, and the profession at large, and the pay for whose examiners should in no degree depend on the number licensed by them.

"Before entering upon any discussion of the merits of the suggestions contained in this part of the resolution, the Committee would bring to the recollection of the Convention, that at the present time there is scarcely a State in the Union, in which any license to practise medicine is required, and that consequently, if the degree of M. D. or the license of a Medical Society possess any value, the value is derived from the character of the source from which it emanates, rather than from any privilege it brings with it to the recipient. So far as the public is concerned, a simple certificate, signed by any association united for the purpose of teaching, if composed of men of eminence, would possess as much value and validity as a degree conferred by an incorporated college. The wish of the profession seems to be to establish some uniform standard throughout the United States, so that the title of Licentiate in Medicine, or Doctor of Medicine, shall imply on the part of the possessor or recipient of such titles, the possession of some definite amount of knowledge and acquirement, both in his own profession and in general science. For the want of some such standard these medical titles are in some States respected, in others justly depised.

"It is the opinion of this Committee, after a full consideration of the subject in all its bearings, that it is not at present expedient to recommend that the granting of licenses and degrees should be restricted to one board in each State. Where there already exist State and County Medical Societies, it is believed that it will be better and safer to improve the present organization and working of these, than to attempt a new organization.

"The Committee cannot conceive of any plan by which a more full and a more fair expression of the views of the profession can be obtained, than by the organization of County Societies and State Societies, to be composed of delegates representing said counties. There can scarcely exist a doubt that, if proper exertions were made by the united profession, a law might be enacted in every State of the Union for the incorporation of such societies, and requiring that a license should be obtained by every person before he could be recognized as a regular practitioner of medicine. But even if an act of incorporation could not be procured, voluntary associations upon the same general plan, would accomplish substantially the same purposes. They could determine the conditions on which persons would be admitted into the respective associations, which would soon have the force with the profession of a legal enactment. Without some such laws or associations among the respectable members of the profession, empiricism must prevail, as it does now, to a fearful extent.

"As the wants of all classes of the community ought to be provided for, the Committee are of opinion that the requirements for license should not be so high as to place it beyond the reach of persons in moderate circumstances; whilst those for the degree of Doctor in Medicine should be such as the possession of so high an academic honor was designed to imply.

"It may be said that the lives of the poor and humble are as valuable as those of the rich, and that, therefore, they ought to have as good physicians and surgeons. That may be all true; but we must take the world as we find it. In every country the great mass of the population are attended by medical men of inferior acquirements. The skill of a practitioner, however, does not depend so much on general accomplishments as on his strictly medical education; and it often happens that the comparatively illiterate general practitioner, is a better and safer medical adviser than the graduated and finished scholar.

"If the requirements for license be placed too high, in the existing state of society in this country, the license will be altogether dispensed with, and persons will engage in practice without it. The question is not, between the present plan of medical education and the best that can be suggested; but between that which is now common, and the best that is practicable, and can at the present time be enforced.

"From the general tenor of those remarks the Convention will gather that the Committee are not in favor of making any radical changes in the existing modes of obtaining licenses and degrees. They are of opinion that the Convention will be more usefully employed in recommending such measures as will correct the abuses that are known to exist, and in advising such alterations in the course and duration of study to be pursued in future by students, as will tend to elevate the medical profession and to render it more useful and more respectable. It is deemed inexpedient, at the present session, to introduce any subject likely to mar the harmony of the Convention, or to lessen the influence of its deliberations.

"In accordance with these views the Committee offer the following resolutions:

"*Resolved*, That inasmuch as an opinion prevails to a considerable extent in the profession, that certain abuses have crept into some of the medical colleges, namely, that they confer degrees upon persons who have not fully complied with their own requirements, or on those who do not possess the requisite amount of knowledge to entitle them to such distinction, it is deemed expedient, by this Convention, in order to satisfy the just wishes of the profession, and to remove just grounds of complaint, that such colleges as do not already possess mixed boards of examiners, should consent to have associated with them in the examination for degrees, some members of the profession not engaged in teaching, or otherwise interested in such institutions.

"*Resolved*, That the number of boards for granting licenses in the several

States should be as limited as would comport with the convenience of examiners and candidates in each State.

"*Resolved*, That it would conduce to the elevation and usefulness of the profession, that the regular and respectable members of it should form themselves into county or district societies, and that those societies should be represented in a State Medical Society, in such ratio to the whole number of each society as may be agreed upon as most proper—that each State Society should appoint such a number of boards for examining and licensing candidates as may be thought advisable, according to the size and population of the State.

"*Resolved*, That when a college or colleges of medicine exist in a State, it be recommended to such colleges to invite a delegation from the State Society to be present at the time of the examinations for the admission of candidates for degrees, not for the purpose of embarrassing the faculty or candidates, but to satisfy the wishes of some portions of the profession, and relieve the institutions themselves from the imputations to which some of them seem to be at the present time exposed.

JAMES M'NAUGHTON, *Chairman.*
THOMAS COCK.

(To be concluded in our next number.)

INHALATION OF ETHER.—We have said but little in our Journal thus far, in relation to the employment of ether in the practice of operative surgery, because we confess we have had our doubts as to the expediency of its use, and because we have deemed it proper to wait until a sufficient number of experiments with it had been instituted, to lead to some safe and reliable conclusions. We have not considered it, by any means, as established, that the *prevention of pain* in surgery is so vital a desideratum, as many seem to suppose; to answer this question correctly, we should have to inquire, whether pain be an entirely gratuitous and unnecessary accompaniment to surgical operations; whether there is not some final cause, some useful end to be attained by it, which counterbalances, in value and importance, the temporary suffering inflicted. We profess to no great skill in the art, nor to be able to dive deeper into Nature's secrets than others, but we have been in the habit of regarding pain as a kind of monitor and safe-guard, under ordinary circumstances, both to the surgeon and the physician; and though, in many cases, its removal, or alleviation, is doubtless a consummation devoutly to be wished, it by no means follows, that it is not often conservative and beneficial. Without pain, the practitioner of medicine and surgery, we believe, would be constantly exposed to fatal errors; its entire absence, or rather the unconsciousness of its presence, when other circumstances show that it ought to be manifested, has always been regarded as a highly-unfavorable sign. As at present advised, therefore, we see no reason whatever to doubt, that pain should be considered as a *healthy* indication, and, for the most part, an *essential* attendant on surgical operations, amply compensated by the effects it produces on the system, as the natural incentive to reparative action.

We have, we acknowledge, been struck with astonishment, at the headlong rashness with which surgeons, the world over, have rushed into the employment of this powerful agent, and that, too, in operations of a very insignificant character, as if an article, (whose *modus operandi* is by no means fully understood), which can produce a perfect

abolition of sense, if not of motion, could be used with perfect safety, in almost every condition of the system, and for nearly every operation. If pain has no influence in exciting healthy reaction and the recuperative efforts, it by no means follows, that the inhalation of nitrous ether may not produce serious depressing effects on the nervous system, which is calculated to interfere with the reaction, so essential to speedy recovery, and the eventual safety of the patient. Up to the present time, the operations performed under the influence of this agent may be numbered by the hundred, if not thousand; and, we confess, the fatal results, *so far as reported*, have been fewer than we could have anticipated. Still, they may be numbered by the *score*; cases which would, in all probability, have terminated successfully, if the patient had not had a double shock to overcome, viz., that produced by the ether, and that by the operation. So numerous and unequivocal have these fatal cases been in Zurich, Switzerland, that the Council of Health has recently issued an order, prohibiting the use of ether vapor by those who practise dentistry, bleeding, and other minor surgical operations.—(*L'Union Medicale.*)

Now, it being admitted that fatal results do sometimes follow the use of this powerful drug, it becomes a question, whether it be justifiable *to risk the loss of life*, no matter how small that risk may be, *for the sake of preventing temporary suffering*; for we believe it is not claimed that ether is often instrumental in saving life, which might be lost without it.

We do not wish to be understood by these remarks, as absolutely opposing etherization in all cases; we can conceive of individual cases where we should deem its use expedient; but we do wish to check the headlong propensity, so manifest at the present time, of resorting to its use on every occasion, even in the ordinary practice of midwifery and dentistry.

We have recently received some pamphlets in relation to the claim of priority of discovery as regards the inhalation of the vapor of ether for the alleviation of pain in surgical operations. We have read them carefully, we believe, and without a particle of bias in favor of any individual, one way or the other, and our conclusions are the following:—

1. Dr. Wells, *of Hartford, Conn., first discovered and established the principle that by the inhalation of nitrous oxide gas and rectified ether, such a degree of insensibility can be produced, that operations can be performed without consciousness on the part of the patient.* He shows, by numerous and well-authenticated affidavits, that *he applied this discovery with perfect success*, as far back as 1844, and that he visited Boston at that time, for the express purpose of making his discovery known to the faculty; that he addressed Dr. Warren's class on the subject, and tried the experiment of the inhalation of the nitrous oxide on a patient in the operating theatre of the Mass. Hospital, but that it failed on account of the gas-bag being removed too soon.

2. It is admitted that Dr. Wells communicated his discovery to Drs. Jackson and Morton in Nov., 1844, after having operated on fifteen patients with success, and that Dr. Morton applied to him to prepare some of the gas for the same purpose, and was directed to Dr. Jackson.

3. It is proved by affidavits, that *rectified ether* was used by Dr.

Wells in his early experiments, but that he finally gave the preference to *nitrous oxide*, as "being more agreeable to inhale, and less liable to do injury."

4. Dr. Morton had been a student of Dr. Wells; and in a letter to Dr. W., dated Oct., 1846, he speaks of having discovered a "*preparation*" or "*compound*" which would eclipse the one made by Dr. W., for which, he says, he had taken out a "patent" and wishes to know if Dr. W. "would not like to visit New-York and other cities as an agent, and dispose of rights."

5. It appears from the affidavit of Mr. R. H. Eddy that Dr. Jackson so far from claiming to be the discoverer, admitted, in Oct. 1846, that he "had never tried any experiment to practically demonstrate the fact that the inhalation of ether would prevent pain during a surgical operation," that "he did not wish his name connected with the matter in any shape," that he said he would be perfectly satisfied for making the suggestion of ether to Dr. Morton, if Dr. M. would pay him $500," and that he only consented to take out a patent for the "COMPOUND" in connection with Dr. M., when he learned from Dr. Gould, that he, (Dr. J.) could do so without rendering himself liable to expulsion from the Mass. Medical Society, inasmuch as the by-laws only provide, "that no member shall deal in secret remedies," and *as "any invention Dr. J. might make, would cease to be secret, the moment it might be patented!"*

6. From the testimony of Mr. Caleb Eddy, it seems that Dr. Morton called on Dr. Jackson in Oct., 1846, for the loan of a gas-bag, for the purpose of "administering *atmospheric air* or *something else* to a patient to *quiet her fears*, in order that he might extract a tooth; that Dr. M. stated that he was desirous of *operating on the imagination* of a person, in some such way as was said to have been practised on a criminal condemned to death, viz, by suffering warm water to trickle upon and from some wounded part of the body, while the eyes of the patient were bandaged, &c. On this occasion Dr. J. is said to have suggested ether.

In connection with this subject, we take occasion to repeat what we have said before, that the manner in which this discovery, so called, has been brought before the world, is disgraceful to those who have sought to make it a source of emolument, and should subject its authors to the severest rebuke from the profession. We denounced it at the first, as contrary to the established ethics of the profession, which opinion remains unchanged; and we shall not cease to consider it, as we have ever done, as the very essence of quackery. A good deal of mystification has been spread over the whole matter, and ponderous pamphlets have wrapped it up in a considerable amount of fog; but the truth will eventually be known, and credit be given where alone it is justly due. The *principle* involved, we suppose, is the *production of insensibility to pain during surgical operations*, and we have said that the whole credit of that discovery belongs to Dr. Wells. Had he never used the *ether* at all, his merit would still be the same. But Drs. Morton and Jackson, in the specification of their patent (Bost. Med. Jour., April 7, 1847) claim to have discovered a *new fact* or principle, viz., that "the inhalation of certain *vapors*, particularly those of *sulphuric ether*, produces insensibility to pain, or such a state of quiet of nervous action as to render a person or animal incapable to a

great extent, if not entirely, of experiencing pain, while under the action of the knife," &c. "This," they say, "is our *discovery*, and the combining it with, or applying it to, any operation of surgery, for the purpose of alleviating animal suffering, as well as of enabling a surgeon to conduct his operations, with little or no struggling, or muscular action of the patient, and with more certainty of success, constitutes our *invention*." If there is any truth in affidavits, both the "discovery" and the "invention" belong to Dr. Wells. The thing patented we are told is, the *use of any kind of* "*vapours*" for the purpose of producing this insensibility, (the specification speaks of several modes in which they may be used) as if such a thing as this could be legally patented. As the patentees have relinquished all idea, however, of maintaining the patent, we hope they will be induced to go a step further and relinquish the whole credit of the discovery to him to whom it properly belongs. This, though an act of late justice, will gain for them more real substantial fame, than they are ever likely to acquire by persisting in an unjust claim.

It strikes us as somewhat remarkable, that Drs. Morton and Jackson should *both* have made the same discovery, and so nearly at the same time, that they could *both* make affidavit that the discovery was actually made by each of them, though the priority has since become a matter of controversy between them; and that these two gentlemen should *one* of them have been Dr. Wells' student, and the *other* the chemist to whom Dr. Wells advised Dr. M. to apply for nitrous oxide gas, and *both* the very same individuals to whom Dr. Wells communicated the result of his experiments, and the important *fact* which it is proved he established more than two years before, viz., that both nitrous ether and nitrous oxide gas would produce such a degree of insensibility, that severe surgical operations might be performed without consciousness, while a person was under their influence. We are astonished, we say, not a little, at these strange coincidences, especially as one of these gentlemen acknowledges he had never experimented with the article; and seems to have thought very little of the matter until it was hailed as a very important affair, for the discovery of which both fame and emolument might accrue. Should it be thought that we have done injustice to either of these gentlemen, our pages are open to a reply.

Case of Traumatic Tetanus, *communicated in a letter to* S. S. Purple, M.D. of N. York, by Mr M. B. Brown, of Pitt Co., N. C., May 28th, 1847.—"Dear Sir:—I was called to see Jno. L., aged 25 years, on the 29th June, 1846, 8 o'clock, P. M. I found him with tonic spasms and rigidity of the muscles of the jaw—deglutition impossible—power of speech gone—the jaws completely closed—the abdominal muscles and muscles of the upper and lower extremities rigid—the action of the extensors balancing that of the flexor—except in the fingers, they were clenched in the palm of the hand—intellect undisturbed. Soon after I arrived, on attempting to drink, he was seized with spasmodic tremor of the whole frame, all the voluntary muscles were rigidly spasmed—his countenance hideously distorted—copious perspiration bedewed the skin, pulse quick, small and regular, extremities icy cold. The spasms

lasted two minutes. In the interval he seemed thirsty and motioned for water to be brought, on attempting to drink, he was cramped again.

"From the person who had been with him during the day I learned the following:—They had been fishing together, about noon, as near as he could recollect; the patient caught a *catfish*, and while taking it off the hook *the end of his thumb was punctured by the fin* of the fish. In about three hours the wound became very painful—he complained of feeling chilly (it was a warm day), of considerable nausea and vomited freely—they returned home, the patient growing worse—complained of great oppression at præcordia, dyspnœa, and some tightness about the jaws—very restless. The patient, previous to the attack, had been in good health.

"Treatment. Strong sinapisms to the whole track of the spine, on the extremities and over the abdomen after having previously excited the skin with Tr. Capsicum—an enema of infus. Tabaci [℥j. to Oss.] was administered. On examining the wound it was scarcely perceptible—I incised it freely and dressed it with Ung. Cantharid. Waited an hour when there was so much relaxation as to allow the patient to swallow 1 gr. Sulph. Morphia, this dose was repeated every hour. In three hours no bad effect had arisen from the effects of the Morphia—it seemed to expend all its powers in allaying the universal tetanic rigidity and spasms—by this time he could talk, though badly. I administered 20 grs. Calomel, to be followed in three hours by ℥j. Sulph. Magnesia, and ordered the Morphia to be continued in ¼ gr. doses every hour. 30th, 11 o'clock, A. M., much improved—Salts had purged him freely—skin warm and moist—spasms had disappeared—but little stiffness of the jaws. Continued the Morphia in ¼ gr. doses during the day. I omitted to say the mustard had blistered the back. Directed him to keep his bowels open, dress the wound with basilicon nig., and keep under the influence of wine for a week. This patient had no return of tetanic spasm, and to this day is perfectly well."

Delluc's Pharmacy.—We have occasionally been favored with various *Formulæ*, by M. Delluc, the well known *Pharmacien* of 581 Broadway, which, from their elegance and known efficacy, we have thought proper to publish in our journal. The following refers to a new preparation which has proved decidedly beneficial in chronic affections of the urinary organs.—(*Ed.*)

Dr. Lee—Dear Sir: I herewith send you a sample of the fluid Extract you have been kind enough to suggest to me, as being a desirable combination in affections of the urinary organs. It is composed, as you know, of the *fol. Buchu, Uva Ursi, Pareira Brava, and Chimaphilla Umbellata*, in equal proportions. The properties are extracted by means of Hydro-Alcohol. By this process I have obtained all their soluble and active properties, which are mucilaginous, astringent, bitter, extractive, and aromatic. You will find it highly mucilaginous and aromatic, having been prepared without the means of heat. According to the strength of this preparation, the dose would be from one to two teaspoonfuls three times a day in water.

I have also the pleasure to inform you that it has been tried already, with marked success, in a case of enlargement of the prostate gland, with considerable irritation of the mucous membrane of the bladder,

and great urinary distress; the patient—an aged man—was greatly relieved after a few doses of the Extract.

As many Physicians may probably object to its containing any alkaline preparations, I have thought best to leave it to the discretion of the medical practitioners to combine it with any alkali, as the case may require. Hoping that it may prove equally good in your hands, I remain, with great respect, yours,

M. DELLUC,
581 Broadway.

New York, April, 1847.

Epidemic Erysipelas in Michigan.—*Extract of a Letter from* S. Glisson, M. D., to the Editor.—"Livingston, Mich., June 20, 1847.—The same disease which has for years back destroyed a good many people in the State of New York, and other States, has lately been observed in this neighborhood, i. e., about six miles from here. I allude to a form of Malignant Erysipelas, commonly called "Black Tongue." Although the stage of excitement is well developed in the commencement, yet it would seem that the antiphlogistic treatment makes but little impression, and the patient soon falls into a train of typhoid symptoms, which render stimulants necessary. The black appearance of the tongue has not been noticed more than once, perhaps, out of ten cases; the same looking more as if it had been boiled. The tumefaction of the scalp and face is usually extraordinarily great; likewise that of the fauces, palate, tongue, etc. The termination in many cases proves fatal. External and stimulating applications, such as *Arg., Nitr., Terebinth, Camphor,* &c., seem to do no good; but, in some cases, manifest injury. The treatment which appeared to have any success was stimulating and diaphoretic, such as a combination of Camphor, Myrrh, Spir. Nitr., Dulc., &c. It cannot be denied that some of the "Red Pepper Doctors" have been a little more fortunate in their mode of treatment of the malady; and I rather think that their heating and stimulating remedies, although to be condemned as a universal remedy for all diseases, may not be entirely out of place here; yet while making this concession, I do most emphatically denounce the idea of favoring their quackery."

Commencement of the Buffalo University.—The exercises connected with the first commencement of the Medical University of Buffalo, were held at the First Presbyterian Church, yesterday. Quite a large concourse of our citizens assembled to witness them, as the occasion was a novelty here—this being the first.

The exercises were opened with an impressive and appropriate prayer by the Rev. A. T. Hopkins, the pastor of the church, which was followed by music from the choir.

The Chancellor of the University, the Hon. M. Fillmore, delivered the Address. It was principally confined to a historical sketch of the rise and progress of education in Buffalo, and urged the claims of the University upon our citizens for its permanent establishment, by the purchase of a lot and the erection of suitable buildings. The plan of the institution contemplates an Academic, Law and Theological Department, which are to be organized as soon as practicable. The Academic will next be provided for, and as soon as the means can be realized for that purpose. The Chancellor,

in his address, paid well-deserved compliments to the Professors for the ability and success which have marked the first term of their connection with the Buffalo University—ranking them second to none in the Union, in their several Departments.

After music from the choir, the Chancellor conferred the Degree of M. D. upon the following young gentlemen:

Bela E. Phelps, N. Y.—*Hernia.* L. C. Rogers, N. Y.—*Empiricism.* W. H. Andrews, Michigan—*Remittent Fever.* De Lois M. Norton, N. Y.—*Acute Pnemonitis.* George B. Parker, N. Y.—*Mania-a-Potu.* I. E. King, Pennsylvania—*Puerperal Fever.* John P. Dudley, N. Y.—*Erythema Anatomica.* H. D. Garvin, N. Y.—*Fractures.* Sidney A. Foss, Ky.—*Typhoid Fever.* Wells Taber, N. Y.—*Pneumonia.* Horace S. Lindley, Ohio—*Acute Laryngitis.* I. A. Whiting, Canada—*History of Physiology.* H. W. Barrett, N. Y.—*Dyspepsia.* I. M. Hardy, Canada—*Hemorrhage.* Geo. Abbott, N. Y.—*Inflammatory Croup.* Wm. King, N. Y.—*Pregnancy.* Z. H. Blake, N. Y.—*Scarlatina.*

The Honorary Degree of M. D. was conferred upon Ithamar H. Smith, of Canaan, Ct.

After the conclusion of this part of the exercises, Prof. Hamilton delivered an address to the graduates. The address was a feeling and beautiful effort—replete with high sentiments, of sound morality, and enlarged and pure philanthropy, which, if made the rule and guide of the young gentlemen to whom it was more immediately directed, cannot fail of making them ornaments to their profession and to society—useful men and devoted Christians, in thought, word and deed. The peculiar province of the true physician was pointed out, and the duties and responsibilities of the profession enforced.

Music from the choir, and a benediction by the Rev. Mr. Schuyler, closed the exercises of the first commencement of the Buffalo Medical University.—*Buffalo Daily Courier of June* 17, 1847.

Compliment to C. La Ford, M. D., Demonstrator of Anatomy in the Buffalo University.—We have received a copy of a series of resolutions unanimously passed by the Medical class of the University of Buffalo, at its recent session, highly complimenting the Demonstrator, Dr. Ford, for his very "able, interesting, and highly instructive course of anatomical lectures, just concluded." One resolution expresses the opinion that Dr. F. is unsurpassed by few of his age in this department of science, in which opinion we fully coincide. We also unite with the class in wishing him all prosperity and happiness. The resolutions are signed by J. M. Hardy, Chairman, and Sidney A. Foss, Secretary.

"The New York Medical and Surgical Reporter."—This weekly journal has been discontinued for want of patronage. The former editor, Dr. Collins, has had no connection with it since the close of the first volume, and is not responsible for the course pursued by its late proprietor, in discontinuing it before the expiration of the year, for which payment had been made by many in advance. We hope no blame will be attached to Dr. Collins, who is a strictly honorable man, and who never makes promses without performing them to the letter.

Brief Account of the Medical Properties of "the Iris Versicolor, or Blue Flag," *in a letter from* M. H. Andrews, M.D., of Mich., to the Editor.—The fresh root of this plant has a sweetish sub-acrid taste, and a faint disagreeable odor, both of which are nearly dissipated by drying. My mode of preparing, is to take the fresh dug roots, cut them into thin slices, and place them in an oven heated to about 100° until they are thoroughly dried; then pulverize, and put the powder in a box or bottle, to keep it from the air. In this way, it may be kept for months, and perhaps years. The dose of the powdered root is from ten to fifteen grains. It should be combined with some stimulant, as cayenne pepper, gum myrrh, or ginger. One grain of the former, or two of either of the others, to prevent the nausea and griping which occasionally follow its administration when given alone. In this form I have given it to more than two hundred persons, of all ages and both sexes, and have uniformly found it to operate as a mild, yet effectual cathartic, producing copious discharges, containing a large amount of bile. It is very efficacious in removing the pain and soreness of the abdomen common to remittent fever. When given in small doses, of from two to four grains, it acts as an alterative. I have given it in several cases of habitual costiveness, of long standing, with success. It differs from most other vegetable cathartics in its taste, which is neither nauseating nor disagreeable, and on that account is to be preferred to those of a nauseating character, where it will answer as good a purpose. It is readily taken by the most delicate females, or by children, its taste never being objected to. I do not know that it possesses virtues superior to many other articles of the same class, but it is equal to jalap, and other articles of a more disagreeable taste, and may, in many cases, be substituted for our foreign cathartics.

Abstract of Proceedings of the Lyceum of Natural History of New York.

February 22d. The following gentlemen were elected officers of the society. Joseph Delafield, President; John Le Conte, Wm. C. Redfield, Vice Presidents; John H. Redfield, Corresponding Secretary; R. H. Browne, Recording Secretary; B. W. Budd, J. B. Bell, R. H. Browne, J. C. Brevoort and James Thompson, Curators.

March 1st. J. H. Redfield read an extract from the Columbian Magazine, for 1790, p. 334, in which it was stated that the coral clam was found in great quantities off the Capes of the Delaware. He wished to call the attention of Naturalists to this subject, as it was not well known what shell is alluded to. It is described as being six inches in length and four in breadth, the shell transparent and slightly tinged with pale red, and open at both ends, the animal white, bordered with a fine red. It is said to have been found in 33 fathoms of water; this, however, is probably an error, as the apparatus used for procuring it was too imperfect to bring up any thing from that depth.

It is to be hoped that the conchologists of Philadelphia will attempt to discover what this shell is, as the name coral clam appears to be entirely unknown.

Mr. J. Thomson read a description of a new species of *Trichodes* (*Clerus Lat.*) for which he proposes the specific name of *Trichodes* ——— *rubens capite nigro, thorace piloso elytris dense punctatis, maculis 6 nigris notatis; abdomine metallico, pedibus pilosis. Length* 3.75 *lin.*

March 8. Dr. Le Conte called the attention of the society to a fossil in

the museum, without a name, which according to Owen's Odontography, ought to be a *Scelidotherium*, and was the *megalonyx laqueatus* of Harlan.

March 15. The reports of the different standing committees were presented and read; from these it appears that the society was never in a more flourishing condition. The Library and the Museum have during the last year received considerable additions, and the publishing committee promise to complete the fourth volume of the annals before the end of the year.

March 29. Mr. Redfield made some remarks on the tracks recently discovered by Professor Hitchcock in the new red sand stone of Connecticut. Mr. Hodge was requested to deliver the annual oration, in place of Dr. Draper, who declined in consequence of other engagements.

April 12. Mr. Morris gave an account of some unusual appearances connected with the display of the Aurora Borealis of the 7th inst. Mr. Wheatley announced the recent decease of Dr. Amos Binney, a corresponding member of the Lyceum.

April 19. Mr. Hodge announced the discovery of *Oxyde of Tin*, on the West bank of the Hudson river, near West Point; it occurred in very small quantity in an Oxyde of Iron. He also made some remarks on the occurrence of metallic veins in the same locality, particularly at Caldwell's landing, and exhibited a specimen of ore from Bradley's mine, likewise a specimen of Bog ore from Penobscot, Maine, containing peroxyde of iron 75, water 20, and sulphuric acid 5, and made some remarks on the construction of furnaces and the smelting of ores.

Mr. Haldeman also made some observations on the different methods of constructing furnaces and on smelting. He stated that the product of the furnace is not always in proportion to the richness of the ore, but that much depended upon proper care in the regulation of the quantity and temperature of the blast, and on the fuel used.

April 26. Mr. Jamieson made some remarks on the fossil remains of Northern India, and alluded to the labors of Dr. Faulkner who had explored the sections of the country in the vicinity of Sabbatha. Mr. Hodge made some remarks on Reischenbach's work on Magnetism. He stated that Reischenbach, from his researches had arrived at conclusions similar to those of Professor Farraday, of London, and Professor Draper of New York, though by a different mode of induction, viz., that there is another imponderable substance or agent, the relations of which have never been satisfactorily examined.

May 3.—Mr. Hodge made some remarks on the deposits of iron ore in Cass. County, Georgia, and stated, that they are more extensive and of a better quality than are found in any other section of the Union. They are of various varieties, passing from hematite to micacious ore.

Mr. Dinwiddie announced the discovery of *Platina* in Rutherford County, North Carolina.

Mr. Redfield inquired if any member was acquainted with the fact, that the vertebral column of the *Coregonus alba* (White fish of the Lakes) turned upwards towards the upper lobe of the tail similar to fossil fish.

Mr. Haldeman in reply stated, that he had never examined the animal in question, but that in fifty different species of fish, from the Susquehannah river which he had minutely examined, he had seen no tendency of the vertebral column towards the superior caudal lobe.

Mr. Haldeman remarked, that he had observed the pulsations of the lymphatic hearts in the tail of the eel. In the course of his remarks, he alluded to the distribution of animals throughout the Union. The *Esox Osseus* being only found in the Susquehannah and Delaware, east of the Alleghany, the ridge which divides the waters flowing into the Valley of the Mississippi and the lakes, from those that flow into the Atlantic.

He accounted for this fish, belonging to the Western rivers and the lakes, being thus found in streams flowing directly eastward to the Atlantic, from their having their sources in Porter County, Pennsylvania, where the Alleghany, a tributary of the Ohio and the Gennessee, which empties into

Lake Ontario, likewise take their rise. He also called the attention of members to the remarkable fact of the *Unio viridis* occurring in the Susquehannah and Schuylkill, when it is found in no other river in the United States except Pigeon river, Kentucky. Dr. Leconte cited the *Trionyx Ferox* as another example of the partial distribution of animals, this tortoise being found in Savannah river and south of it, in the Mississippi and its tributaries, and in the Lakes, but never in any of the Atlantic States north of Georgia. The *Testudo Polyphemus*, and the species of *Geomys* of Georgia are never found north of Savannah river.

May 10.—Mr. J. H. Redfield exhibited specimens of fossil shells found at Brooklyn from 30 to 35 feet below the surface.

Mr. Wheatley announced that the mineral from Texas, Lancaster County, Pennsylvania usually called *green oxyde of Chrome*, is in reality a *hydrate of nickel*; he also exhibited a mineral supposed to be *Greenochite* (*sulphuret of Cadmium*) from Bergen Hill, New Jersey.

May 31.—Mr. Lawrence read some observations on the *Crangon septem-spinosus* (Say) and the *Palæmon vulgaris*, both which animals are called *Shrimps*. The first named animal is now taken abundantly in the harbor, and is coming into common use as an article of food; they frequent the deep water, and are procured by means of nets drawn along the bottom of the ship channel at a depth of six or more fathoms. Dr. Dekay in the Zoology of the State gives the longest measurement at $1\frac{3}{4}$ inches, whereas they are commonly found an inch longer; they have also spines on the caudal plates not noticed by him.

Mr. J. H. Redfield read a paper on the distinctive characters of the *Cypræa reticulata* of Martyn and the *Cypræa Histrio* of Menschen: he pointed out the manner in which most authors have confounded these two shells; traced the history and synonomy of each, showed the former of them is identical with *C. maculata* Barnes, and offered new descriptions and figures of both species.

Dr. Le Conte announced the discovery by Professor Baird, of Carlisle, Pennsylvania, of a new genus of *Amphibia*, intermediate between *Proteus* and *Amphiuma*.

June 14.—Mr. Redfield read a very interesting paper on the *Pleistocene* shells from the drift on the west end of Long Island, between Fulton and South ferries.

(We shall hereafter favor our readers with a regular abstract of the Proceedings of the Lyceum, furnished by the Secretary.—*Ed.*)

Dr. E. H. Barton.—We are under obligations to Dr. Barton, Surgeon U. S. Army, for several copies of the American Eagle, published at Vera Cruz, Mexico, from which we have gathered some interesting items of Medical news. The Municipal Council of the city have established a Board of Health, who have charge of the entire Sanatory condition of the city, of which Dr. Barton is President, and Drs. Mendizabel and Dimond the other members. The "Eagle" of May 29th, contains an address to the unacclimated, which, we have no doubt, will prevent much sickness, if its advice be heeded.

From Dr. Barton's report of 8th June, we gather that there are only two hospitals San Sebastian and Loretto, belonging to the city of Vera Cruz, which are strictly charity hospitals, and are well endowed by the city. The San Sebastian is intended for men, the Loretto for women. Owing to the injury sustained by the former during the bombardment, the military hospital of San Carlos has been substituted in its place, which furnishes better accommodations. Owing to the former defective and inefficient medical and surgical attendance, Dr. Mendizabel has been appointed to take charge of San Loretto, and Dr. Infante of the San Sebastian. The city has been divided into seven districts, and a physician appointed to each. The city has been thoroughly cleansed under the direction of the Board of Health, and it is stated to be cleaner at present, than at any former period. Total mortality in May, 203. The Board recommend that *pine apples*, *water melons*, and all green fruit be forbidden introduction into the city, and immediately destroyed when found.

Surgeons and Assistant Surgeons U. S. A. appointed recently to be attached to the ten new Regiments.—SURGEONS—Lewis W. Jordan, April 9th, 1847, Tenn., 14th Reg. J. s. B. Slade, do., La., 15th Reg. U. S. Inf. Geo. Berry, do., Ind., 16th Reg. U. S. Inf. John W. Tyler, do., D. C., Reg. U. S. Foot Riflemen and Voltigeurs. Edward H. Barton, do., La., Third Reg. U. S. Dragoons. Justin T. Stearns, do., Mass., 9th Reg. U. S. Inf. Thomas R. Spencer,* do., N. Y., 10th Reg. U. S. Inf. William J. Barry, do., Md, 11th Reg. U. S. Inf. Robert R. Ritchie, do., Va., 12th Reg. U. S. Inf. John T. Lamar, do., Ga., 13th Reg. U. S. Inf.

ASSISTANT SURGEONS—Robert H. McGinnis, April 9th, 1847, Ohio, 14th Reg. U. S. Inf. Edward B. Price, do., Illinois, 14th Reg. U. S. Inf. Wm. D. Carlan, do., Ohio, 15th Reg. U. S. Inf. Charles O. Waters, do., Iowa, 15th Reg. U. S. Inf. Allen T. Noe, do., Ky., 16th Reg. U. S. Inf. James L. Clarke, do., Va., Reg. U. S. Foot Riflemen and Voltigeurs. Aaron D. Chaloner, do., Pa., do. T. J. Robinson, do., Tenn., 3d Reg. U. S. Dragoons. C. S. Abell, do., Ky, do. J. B. Walker, do., N. H., 9th Reg. U. S. Inf. Francis L. Wheaton, do., R. I., do. John Conger, do., N. Y., 10th Reg. U. S. Inf. John H. Weir, do., Pa., 11th Reg. U. S. Inf. Samuel D. Scott, do., Pa., do. A. G. Howard, do., S. C., 12th Reg. U. S. Inf. Leonard Randall, do., Texas, do. Robert T. Gibbs, do., Ala., 13th Reg. U. S. Inf. Frank Melone, do., Ala., do.

Promotions and appointments in the Medical corps of the Navy.—PROMOTIONS—Passed Assistant surgeon J. Dickinson Miller, to be Surgeon, vice J. C. Spencer, resigned.

The following assistant surgeons were examined by the board recently in session at Philadelphia, and found qualified for promotion—John Hastings, to rank next after Passed Assistant Surgeon Thornley. Richard T. Maxwell, to rank next after Passed Assistant Surgeon Hastings. J. Francis Tuckerman, to rank next after Passed Assistant Surgeon Maxwell. Morris B. Beck, to rank next after Passed Assistant Surgeon Tuckerman. Lewis J. Williams, to rank next after Passed Assistant Surgeon Beck. Richard McSherry, to rank next after Passed Assistant Surgeon Williams.—APPOINTMENTS—The following candidates were found qualified for admission into the service in 1844, and were commissioned as assistant surgeons on the 5th of March, 1847, viz.: Philip Lansdale, of Maryland; T. Benson De Lany, of Delaware; Alexander John Rice of New Hampshire; John A. Pettit, of Ohio; Thomas B. Steele, of Maryland; James F. Harrison, of Virginia; A. Nelson Bell, of Connecticut. The following candidates were found qualified by the board, and assigned to rank as assistant surgeons in the following order, viz.: No. 1. Wm. J. Babb, of Pennsylvania. 2. R. J. Farquharson, of Louisiana. 3. Alexander Robinson, junior, of Virginia. 4. Edward R. Squibb, of Pennsylvania. 5. Samuel G. White, of Georgia. 6. Benjamin Rush Mitchell, of Missouri. 7. James S. Gilliam, of Virginia.

Army Board.—The following gentlemen recently passed the Army Board in this city: Nicholas L. Campbell, N. Y.; Samuel L. Barbour, Georgia; George E Cooper, Penn.; Ebenezer Swift, Ohio; John S. Battee, Maryland; Glover Perrin, Ohio; P. G. S. Ten Broeck, John Campbell, N. Y.; John E. Summers, Charles H. Smith, Va.; Washington M. Ryer, N. Y.

Medical Convention of Ohio.—At the recent meeting of this very respectable body at Columbus, Dr. BUTTERFIELD, one of the delegates from it to the National Convention at Philadelphia, made a verbal report of the proceedings of the latter; after which, on motion of Dr. TATE, a resolution was adopted requesting the faculties of the medical schools of Ohio, to inform the next State Convention how far they have adopted the recommendations of the National Convention.

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* Resigned, and Dr. Thomas Spencer of Geneva appointed in his place.

Medical Department of the University of Pennsylvania.—We are authorised to announce that the Medical Faculty of the University of Pennsylvania, in accordance with the recommendation of the recent Medical Convention, have resolved to extend their course of instruction. They propose to commence the regular lectures upon Monday the 18th of October, and to continue them until the last Saturday in March, thus adding four weeks to the previous term, and making the whole course about five months and a half. We understand, however, that it is designed to hold the commencement as usual, about the first of April, so that the candidates will not be detained later than in former years.

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University of Pennsylvania—Resignation of Professor Hare.—Dr. Robert Hare has resigned the chair of Chemistry in the Medical Faculty of the University, which he has filled for nearly thirty years. The trustees, in accepting his resignation, adopted a complimentary resolution, acknowledging their deep sense of the eminent services which he has rendered to science and to the University, and their earnest wishes for his future happiness.

It is expected that his successor will be appointed early in the present month.

OBITUARY.

Died at New York, 29th April, 1847, John Revere, M.D., Professor of the Theory and Practice of Medicine in the Medical Department of the University of New York, in the 60th year of his age.

Professor Revere was a native of Boston, and a distinguished graduate of Harvard University, of the class of 1807 His father was a well-known patriot of the Revolution, and no less remarkable for his private virtues than the importance of his public services. Dr. Revere pursued the study of medicine in the office of Dr James Jackson, of Boston; after which he repaired to Edinburgh, in the university of which he graduated. He commenced the practice of medicine in the city of Boston, but was soon compelled to remove to a southern location on account of frequent attacks of bronchitis to which he was liable. He established himself in Baltimore, where he pursued with great success the study of chemistry, in connection with other branches of science, and again visited Europe on business connected with a discovery which he had made in this science. From Baltimore he removed to Philadelphia, and was chosen Professor of the Theory and Practice of Physic in the Jefferson College. From that city he removed to New York, where he has filled, with quiet success, the same chair, in the Medical Department of the University.

Professor Revere was universally respected for the amiability of his private character, and held a very high rank among the successful teachers of medicine in our country. His manners were uniformly courteous and agreeable; he was a delightful companion and a faithful friend. He was ever actuated by a lofty ambition to excel in his profession, and his success was equal to his aspirations. He was eminently successful in communicating instruction, for he had a logical mind, and an unlimited command of language. His loss is a severe one to the Institution of which he was one of the brightest ornaments. As we expect to be favored with a biographical sketch of the deceased, for our next Number, we close by appending the following proceedings of the alumni and students of the University.

At a numerous *meeting of the alumni* and students *of the University of New York*. held in the Medical College, on Friday, the 30th April, 1847, for the purpose of expressing the deep sorrow felt by them at the decease of Professor J Revere, M.D., P. A. Aylett, M.D., was called to the chair, and A. C. Becker, M.E., chosen Secretary.

The Chairman appointed a Committee, consisting of Drs. Quintard and

Becker, and Messrs. Stanford and Harris, to carry into effect the object of the meeting, who presented the following resolutions, which were unanimously adopted :—

Whereas, an All-wise Providence has removed from among us our late beloved professor, John Revere, M.D., who has fallen in the midst of his usefulness, and left a void in the faculty of our Alma Mater, which can never be filled to a more perfect measure ; Therefore

Resolved, that in token of our admiration of his talents, esteem for his virtues, and regret at his loss, we wear the usual badge of mourning for the space of thirty days.

Resolved, that the committee address a letter of condolence to the family of the late Professor Revere.

Resolved, that the proceedings of the meeting be published in the medical journals and the city papers.

PH. A. AYLETT, M.D., *Chairman.*

A. C. BECKER, M.D., *Secretary.*

Died at New York, May 19th, of typhus fever, AUGUSTUS VAN BUREN, M. D., æt. 23, Assistant Physician at Bellevue Hospital. Dr. V. B. was a young physician of more than ordinary promise, and ardently devoted to his profession. He contributed to our last No., and had been for some time engaged in preparing an Essay on *Ship Fever* for our pages. We mourn him as a valued friend and collaborator.

In Philadelphia, May 9th, GEORGE MCCLELLAN, M. D., formerly Professor of Surgery in Jefferson Medical College.

In Richmond, Va., May 1st, A. L. WARNER, M. D., Professor of Surgery in the Medical College of Virginia.

In Cincinnati, in April last, NOAH WORCESTER, M. D., formerly Professor in the Medical College of Ohio, and in the Cleveland Medical College.

In Charleston, S. C., Jan. 19, 1847, DR. S. SINKLER, one of the Editors of the Southern Journal of Medicine and Pharmacy.

2.

Foreign Medical Intelligence.

ANATOMY AND PHYSIOLOGY.

On the Structure and Function of the Sexual Organs. By Ernst Heinrich Weber.—I. It was advanced twelve years ago by Weber, that the vesicula prostatica, near the coliculus seminalis in the prostate, was a rudimentary uterus. At a later period, the same was discovered in the beaver, horse, dog, pig, and cat. In new born rabbits, the resemblance of both the external and internal genitals is so great, that the separation of males from females would be quite impossible, were it not for the divergence of the vas deferens from the tuba. In human hermaphrodites, with prevalent male genitals, the apparent uterus only consists of the more fully develcped vesicula prostatica. In the infans androgynus, described by Ackermann, the uterus had not only the situation of the prostatic vesicle, but there could be observed, even on the os uteri, those openings of the ductus ejaculatorii, which are, in the usual cases, to be found on the caput gallinaginis, near the opening of the prostatic vesicle.

II. With regard to the glandular termination of the vas deferens, Weber considers it to be a special organ, which is most developed in the stallion. When investigating into the number of spermatic filaments, he found them very numerous in the vas deferens, less abundant in the finis glandulosus vasis deferentis, and still less in the vesicula seminalis. The function of the latter, therefore, cannot consist in collecting the spermatic fluid, but in furnishing a secretion to be mixed with it.

III. Concerning the function of the tubular uterine glands in the human female, Weber obtained the following results:—1. After conception, the mucous membrane of the human uterus gets softer, and arriving gradually to the thickness of 2-3‴, it is then called tunica decidua uteri. This metamorphosis of the mucous membrane is occasioned by the increase both of its vascular and non-vascular layer or epithelium. 2. In addition to the enlarged blood-vessels and tubular glands of the vascular layer, there are to be found scattered amongst them newly-formed elementary cells, some of which are nucleated 3. The tubular glands, which take a serpentine course, and are from 2-3‴ long, run, like the glands of the stomach, in a perpendicular direction to the inner surface of the mucous membrane, where they get more narrowed, and open into the tunica decidua, communicating to it the cribriform appearance. The opposite and close terminations of the same glands, are not unfrequently divided into two or three vesicles. 4. There is a considerable difference between the appearances in the human female, and in the mammalia. First, whilst the uterine glands of the dog and cat are increasing chiefly at the point where the placenta is to be formed, those of the human uterus seem to grow pretty equally on the whole inner surface of its base and body. Again, the tubular glands of the dog being considerably enlarged in their course, have the appearance of large and plicated sacs, whereas, in the human uterus nothing like this is to be seen. Lastly, in the pregnant uterus of the dog, the ramified villi of the chorion penetrate the openings of the tubular glands: nothing similar could be observed in the uterus of a woman whose pregnancy was of ten weeks' duration; nor is a like relation between the tubular glands and the villi of the human uterus even possible, as the simple shape of the former does not in any way correspond to the numerous branches and ramifi-

cations of the latter. The idea, therefore, that the villi of the chorion extends to the lobules of the uterine glands in the human female, as well as in the dog, is a mere assumption, unsupported by facts. We should be careful not to extend analogy further than is warranted by facts. Now the occurrence of the tunica decidua reflexa, particularly in the human female, whilst it is wanting in all other mammalia, renders it not unlikely that the other appearances also will exhibit some difference. 5. The placenta uterina of the human female differs from that of the dog in the following points: first, the coarse network of vessels which carries the maternal blood, passes through the whole placenta, and is composed of tubules, the walls of which are considerably thinner—their diameter, however, is about fifteen times larger than those of the dog. Secondly, a dense network of narrow embryonic capillaries gives origin to membranes and folds, whereas, in the human female, the dendritic ramifications divide ultimately into very thin filaments, having in some places button-like swellings. Thirdly, the blood-vessels of the human placenta are not capillaries in the usual signification of that term, their diameter varying from $\frac{1}{4}$-$\frac{3}{4}$‴, and even more. The arterial vessels, also, in correspondence with these enormous capillaries or veins, do not inosculate, but form, when passing to the placenta, a glomus arteriosus, composed of one artery only, which after several curvatures, terminates immediately in the before-mentioned enormous capillaries. 6. In the human placenta, as well as in that of the dog, the capillaries, which carry maternal blood, are in close contact with those carrying the embryonic blood. The manner of this contact, however, is very different. In the dog, the first-named vessels are involved and lined by the membranes and folds of the villi of the chorion, whereas, in the human placenta, the opposite relation is to be observed, viz., the ramifications and filaments of the villi of the chorion are lined by the thin walls of the above-mentioned large capillaries, which carry the maternal blood.—*Monthly Journ. of Medical Science.*

Discoveries of Edward Weber on Muscular Contraction. By Ernst Heinrich Weber.—As the employment of the ordinary galvanic apparatus for the purpose of exciting muscular contraction, produced this effect for far too short a period to allow any direct or microscopic observation of the changes so occasioned, Edward Weber used the magnetico-galvanic rotatory apparatus, and thereby produced muscular contractions of longer duration. On removing some muscular fasciculi from a frog, and placing them, when moderately flexed, on a slip of glass, they were seen to become straight at the moment of excited contraction, and continued so until the magnetic excitement and attendant contraction were interrupted. At that moment the previously straight fasciculi instantly exhibited very regular and elegant zig-zag turnings, the angles of which were formed by the combined and corresponding flexions of all the fibres entering the fasciculus. The contrary, therefore, strictly happens to what has generally been supposed to occur: the zig-zag appearance belongs to the moment of relaxation, and not to that of contraction. Of this perfectly novel fact the following explanation is given. The muscular fibres, which are occasionally flexed and nodulated when cut off, lose this appearance at the moment of contraction by the simultaneous shortening and thickening of their different portions. As soon, however, as the excitement becomes interrupted, the muscular fasciculi regain their former length, and being prevented by the friction of the glass from stretching to their whole extent, their extremities cannot be much moved, they become repeatedly flexed in consequence, and hence the zig-zag appearance. The nodulated swellings observed by Bowman are not occasioned by the vital action of the muscles, but by their absorbing the water in contact with them at their cut extremities. Further, according to microscopic observations on the muscles of vertebrate and invertebrate animals, as well recent as when treated by acetic acid, the fasciculi do not consist of segments, neither do the elementary fibrillæ seem to be composed of globules or discs. The appearance of transverse striæ are owing to the folds of a mem-

brane or sheath that surrounds the fasciculi, and serves to facilitate the extension of the muscles within certain limits.

There is a great difference between the mode of action of the animal and organic muscles. The animal muscles contract the moment they are excited, either directly or through the nerves going to them, but they have no power of continuing or renewing the action when the stimulus is removed. Again, when the brain or spinal marrow is excited either directly or by stimulating a sensitive nerve alone, the muscular contraction does not follow immediately, but after a certain time, or not at all. Hence the passage of impressions to the nervous centres, and from thence to the muscular nerves, is not a direct one, but undergoes some interruption in the former. Daily experience also shows us that we do not start the very instant an unpleasant sensation of seeing or hearing is experienced, but some moments afterwards. The organic muscles, on the contrary, do not contract immediately on being stimulated; a certain interval always follows the excitation, either when direct or through their nerves, before they act. But contractions once produced continue for a considerable time after stimulation has ceased, and even other movements (peristaltic) are induced in neighboring muscular fibres. Hence the nervous centre of organic muscles is situated within themselves, and their movements are not regulated by the brain or spinal marrow.

The anatomical structure of the organic and muscular fibres is in close correspondence with this functional distinction, the striated ones belonging to the first, and the non-striated to the last. The œsophagus of birds and amphibia entirely destitute of striated fasciculi, manifest no animal motion, whilst that of mammalia (as the rabbit,) where the external and internal layers are composed of striated muscular fasciculi, exhibit distinct animal movements. In the cat, motions are of different kinds, according as the stimulus is applied to the upper, middle or inferior portion of the œsophagus, organic muscles being absent in the first, but present in the two last. Reichert discovered striated muscles in the stomach and intestinal tube of *Cyprinus tinca*, whilst the same organs in other species of Cyprinus, in fishes, and in the Vertebrata generally, are destitute of them. On stimulating the medulla oblongata, and divided vagus in the first named animal, it was found that a sudden but momentary movement was induced. The iris of birds also possesses striated muscular fasciculi, and the researches of E. Weber have shown that they possess animal movements. In the iris of the mammalia on the other hand, the radiated circular fibres present the characters of organic muscle, and the movements and kind of contractions observed when the iris is wounded agree with the function ascribed to them. There are some exceptions to the general law now pointed out. The most evident is, that the heart presents striated muscular fasciculi, whilst its movements are organic. It must be noticed, however, that whilst the structural resemblance is far from perfect, the rapidity and energy of the functional power seems proportionate to it. The muscles of mollusca and of worms, which are non-striated, must also be considered exceptional, together with the intestinal muscles of the crustacea and insecta which are striated.

Numerous experiments on frogs, birds, and mammalia have proved that, whenever the nervi vagi themselves, or the points of the brain from whence they originate are stimulated, the heart becomes relaxed, its rhythmic movements retarded, and at length interrupted. To produce this effect, however, it was necessary to excite both nerves of the eighth pair, as the application of a stimulus to one only produced no effect upon the heart. It was also found that galvanism applied to the orifice of the vena cava, produced an opposite effect to that occasioned by its application to the bulb of the aorta, as in the first case the movements of the heart were rendered slower, whilst in the latter they were rendered more frequent and energetic. This fact, which is of great importance in physiology and pathology, leads to the conclusion that the bulb of the aorta is more intimately connected with the sympathetic, and the vena cava with the vagi nerves. Weber also determined that on stimulating the medulla oblongata, and both vagi with the galvano-magnetic apparatus, and

continuing its action, that the excitement could be propagated for forty-five minutes, after which period it ceased to be transmitted, and the heart commenced to palpitate, notwithstanding the continued galvanism, from the non-reception of impressions from the vagi.

Further experiments determined that the application of galvanism, or of strychnia to the spinal cord, produced tetanic contraction of the corresponding muscles, whereas when the same stimuli were applied directly to the animal muscles, or to their nerves, no tetanus is caused, owing to their containing no nervous centre. On galvanising the heart, our author observed tonic contraction, which he ascribes to the circumstance of its possessing a nervous centre in its substance. He found that on bringing the inner surface of the heart of a frog in contract with strychnia, (the blood having previously been emptied), its first effect was to accelerate the pulsations, and this was followed by tetanic contraction, and interruption of the pulsations. It is a well-known fact that the different portions of a frog's heart, viz.. the ventricle, atrium, and inosculating portion of the cava, continue to beat, even when separated from each other. E. H. Weber has observed the same fact in the human subject in a case of murder. The increasing debility of the frog's heart is manifested more by the smallness of the contractions, than by their diminution in number. *Weber in Müller's Archives*, Heft 4 and 5, 1846.

SURGERY.

Treatment of Diseases of the Joints by Iodine Injections.—By M. Bonnet, *Lyons.*—This mode of treatment has recently been very popular amongst the French surgeons. M. Velpeau and M. Bonnet each seem to claim the priority in this mode of practice. It was in the treatment of hydrocele that M. Velpeau first used iodine; he considered that in addition to creating adhesive inflammation in the sac, it might be beneficial in removing serous collections, depending upon congestion or hypertrophy in some adjacent organ, and not only in this respect be more useful than wine, but also not be so liable as that fluid, to produce gangrene when infiltrated into the loose cellular tissue. Indeed, when he injected it into the cellular tissue of animals it seldom produced suppuration. He afterwards extended its application from simple hydrocele to congenital hydrocele, and hydrocele of the hernial sac; he also used it with success in two cases of serous cysts in the iliac fossa, in an encysted sero-sanguineous collection behind the uterus, and in serous cysts situated in various parts of the body, and in several cases of encysted goitre. He further employed it in two vast purulent collections. He next tried it in tumors of the synovial sheaths of tendons. He afterwards determined to treat hydrarthrosis with iodine injections. In speaking of the mode of doing this, the British and Foreign Medical Reviewer observes:

To inject the knee-joint the leg must be extended. M. Bonnet pinches up a fold of the skin and passes in a hydrocele trocar at the base of this fold, in order that when the operation is complete the external and internal punctures shall not correspond, and thereby admit air. M. Bonnet also always holds the trocar as vertically as is consistent with the escape of the fluid, as air can scarcely enter while the trocar is full of liquid. M. Velpeau neglects these precautions, as he is satisfied by experience that the admission of a few bubbles of air is harmless. Both agree that it is not of much consequence at what point the joint is perforated, but prefer the upper and outer part of the joint, or rather whatever point fluctuation may be most evident at. M. Bonnet seems to use an ordinary trocar; M. Velpeau attaches great importance to employing an instrument not larger at the utmost than a hydrocele trocar. M Bonnet merely allows six or eight drachms of synovia to escape, a quantity, in fact, equal to the bulk of the injection he throws in; M. Velpeau, on the contrary empties the joint as completely as he can. M. Bonnet in almost every case injected pure tincture of iodine, calculating on its being diluted by the fluid left in the joint; M. Velpeau injects tincture of iodine diluted, it is not precisely said to what extent, but it would seem with from two to four parts of water. M. Bonnet allows either the entire or the

greater part of the fluid to remain in the joint after the injection has been performed; M. Velpeau, on the contrary, seems to allow the whole of the injection to escape—we say *seems*, for there is great want of precision in many of M. Velpeau's statements. M. Bonnet would in future prefer M. Velpeau's method, as it excites greatly less inflammation than occurred in his own cases.

[Considerable pain is felt during the operation, and inflammation in the joint, and fever ensue. In reporting one of his cases M. Bonnet observes:]

The inflammation ran on with alarming rapidity and intensity. The patient shrieked with pain during the entire day. Forty leeches were applied in the evening without giving any relief. The swelling, which was much greater than before the operation, was rapidly increasing. The tension of the skin was extreme, At seven in the evening, alarmed at the rapid increase of the swelling, I could devise no other expedient to restrain it than again plunging the trocar into the joint. And in another case, the inflammatory reaction was intense; during the night there was fever, restlessness, and even commencing delirium. The joint swelled, and the skin was red, tense, and burning; nausea and vomiting set in, and those symptoms lasted three days.

[Although M. Velpeau considers that the iodine injection never causes suppuration when injected into a close cavity, nor gangrene when it escapes in the cellular tissue, it appears that the experience of others does not agree with this, since both these occurrences have taken place, and death been the result. The reviewer adds:]

It appears, then, that the iodine injection may produce precisely the same mischiefs that may follow the employment of wine and other stimulant injections proposed to be superceded by it; and we fully agree with MM. Blandin Roux and others, that though no mischief is yet known to have occurred from injecting it into the joints, disastrous results must inevitably follow from perseverance in the practice. There are few proceedings in medicine or surgery, however hazardous, which cannot be supported by an array of successful cases; and we would just as soon infer the safety of injecting the knee-joint in hydrarthrosis from the cases we have enumerated, as we would infer the safety of passing a seton through the knee in the same disease from the result of ten cases reported to have been so treated with success by Dr. Muller.—(Gaz. des Hop., June, 1842.)

We have entered rather fully into the question of iodine injections, as they are now very extensively used on the continent, and the confidence with which M. Velpeau and others proclaim their constant safety and almost constant success, is calculated to induce others to imitate their boldness. We may here mention, as illustrations, how indiscriminately these injections are employed by some, that Dr. Suytgaerens, of Puyers, after performing paracentesis of the thorax in a case of empyema, repeatedly injected the pleura with an iodine injection, the result, we must add, was favorable, and the patient recovered.

More recently, M. Dieulafoy, of Toulouse, in a case of ascites, threw a quantity of iodine injection into the peritoneum, and, after diffusing it over the entire cavity, drew off about half the quantity of fluid injected. Febrile reaction, with slight pain in the abdomen, followed; cataplasms and mercurial frictions were directed. A month after, about half the cavity of the peritoneum seemed obliterated, but the fluid, having again collected superiorly, the injection was repeated with similar consequences. In about six weeks a small quantity of serum had accumulated, forming a circumscribed globular tumor; a third injection produced the same febrile and inflammatory symptoms. The ascites now finally disappeared, and was replaced by general anasarca, which yielded to purgatives. The patient ultimately recovered after a long convalescence, and experienced no inconvenience, save a dragging sensation in the abdomen on assuming the erect position. Finally, to conclude this subject, it may be noticed that, during the academic discussion so often referred to, it was suggested by MM. Laugier and Caventou, that the stimulant effects of diluted tincture of iodine was solely due to the alcohol it contained, and that the iodine was, so to say, mere surplusage. It may be,

and we incline to the opinion, that there is nothing special in the local action of iodine, but unquestionably it powerfully contributes to the stimulant properties of those injections, as might be inferred from its action on the skin, and as it is directly proved by the fact, that M. Bonnet has sometimes employed an injection composed of iodine, iodide of potassium, and water, and found that it excited active inflammation.—*British and Foreign Med. Review.*

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Statistical Researches on Operations for Cataract.—Between 1827 and 1842 Professor Jäeger operated on 1,011 patients affected with cataract. Of these 764 were lenticular, and 40 capsular. In 728 cases he performed extraction by the upper section; in 9, by the lower; in 58, by the partial. In 129, he operated by depression, and in 87, by division and laceration. Of the patients, 63 lost their sight, viz., 3 operated on by partial extraction. 33 by extraction through the upper or lower sections, 6 by division, and 21 by depression. Extraction, therefore, has furnished the larger proportion of success. It would be desirable, however, to know what motives induced Professor Jäeger to prefer one mode of operating in preference to another.—*Gazzetta Medica di Milano*, 26 Decembre 1846.

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New Method of Operating for the Cure of Vesico-Vaginal Fistula. By M. Jobert.—M. Jobert has proposed and executed successfully a new plan for the cure of this distressing malady. We have formerly noticed the autoplastic operations performed by this surgeon for the purpose of obliterating vesico-vaginal fistulæ, to the best means of curing which he has devoted much attention. The occlusion of such fistulæ by means of autoplastic operations is necessarily attended with great difficulty, and, in the hands of most surgeons, would probably fail in the great majority of instances.

The method now proposed by M. Jobert is termed "*autoplastie par glissement.*" It consists in loosening the connexions of the posterior wall of the bladder by means of an incision made through the mucous membrane across the anterior part of the cervix uteri. In the words of M. Jobert—

"This operation consists in making a semicircular incision across the anterior part of the cervix uteri, at the point where the latter is joined by the vagina. The dissection is made from below upwards, and the edge of the bistoury is kept directed towards the cervix, so as to protect the bladder from danger. Immediately after this incision and the dissection, which easily isolates the base of the bladder, retraction of the anterior portion of the vagina takes place, and displacement forwards of the posterior region of the bladder. The apposition and re-union of the edges of the fistula then become easy; and thus the reparation of a very large breach may be accomplished."

The edges of the fistula, which are there found to approximate each other much more easily, are pared, and united by suture.—*Revue Medico-Chirurgicale de Paris*, January 1847.

M. Jobert has operated in this way in three cases of vesico-vaginal fistula with perfect success: and, in two of these cases, the usual method by cauterization had been previously found unavailing. A catheter is to be retained permanently in the urethra for the first two or three days, and is afterwards to be very frequently introduced to prevent any accumulation of urine in the cavity of the bladder.

The operation must be one of extreme nicety, and difficulty of execution. Great danger appears to be incurred on the one hand of wounding the posterior wall of the bladder, and on the other hand of approaching too nearly, in the incision, the fold of peritoneum lying between the uterus and bladder. Even with the precautionary measure of the use of the catheter, the risk of the approximated edges of the fistula being bathed by the urine must be great.

The operation appears, however, to have succeeded well in the hands of M. Jobert; and any proposal which may tend to the relief of these distressing and unmanageable cases, must be looked upon as of no small importance.—*London Monthly Jour. Med. for April.*

Case of Double Amputation, by M. Brouzet.—M. Brouzet relates the case of a man on whom he practised amputation of both legs below the knee, the one immediately after the other, on account of injuries inflicted by the wheel of a railway carriage. The patient suffered comparatively little from the double shock of the injury and the amputations, and made a speedy and perfect recovery.—*Revue Medico-Chirurgicale de Paris, Fevrier*, 1847.

It has been laid down as a precept by two French surgical writers, M. Velpeau and M. Vidal de Cassis, that the system being unable to stand the shock of a double amputation, two limbs should never be amputated at the same time, at least, in such cases of injury as necessitate amputation above the wrist and ankle joints. It appears to us that there are cases, in which no general rule can be laid down, and in which the surgeon must be guided entirely by his own discretion. The propriety of operative interference must depend on the features of each individual case. Two other cases are mentioned by M. Brouzet, of recovery from simultaneous double amputations. In the Hotel des Invalides at Paris, many veterans are to be seen enjoying good health, who have lost more than one limb in action, and many cases might be cited, where recovery has followed this severe mutilation.

We have heard of both limbs being amputated at the same moment, by different surgeons, in cases of this kind, but we are doubtful whether the shock to the system is less than when the two limbs are amputated successively.

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Dislocation of the Lower Jaw.—M. Nelaton, Surgeon of the Hôpital St. Antoine, believes that the displacement forwards of the condyle of the lower jaw, in dislocations of this articulation, is much greater than is generally supposed, and that in the partial luxation, which can be produced at will by many, the condyle slips over the tubercle in front of the glenoid cavity.

But in complete luxation, the condyle is carried further forwards, and M. N. is of opinion that the extremity of the coronoid process becomes hooked round the inferior angle of the malar bone, where it is received into a small fossa behind the suture, which connects this bone with the superior maxilla. Some fibres of the masseter are probably torn, and become stretched over the extremity of the coronoid process, forming an additional obstacle to the reduction of the dislocation. Such a displacement cannot take place without preternatural relaxation, or rupture of the ligaments of the articulation.—*L'Union Médicale, Mars*, 1847.

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Rhino-Plastic Operation, by M. Blandin.—In the same journal from which we extract the above, the history of a case is given, in which M. Blandin attempted the formation of a new nose. The entire nose had been destroyed by syphilitic ulceration. The flap of skin, which was intended to form the new nose, was taken from the brow as usual. When such cases are unsuccessful, the failure is generally attributed to deficient circulation in the flap. Dieffenbach, however, thinks on the contrary that the chief danger lies in the flap receiving too much blood, and engorgement taking place, and for this purpose he advises that the pedicle should not be left too broad, under the idea that too large a supply of arterial blood may be conveyed to the piece of transplanted skin.

M. Blandin, under this impression, adopted in the present case a suggestion of M. Lisfranc, which consists in continuing the incision on the left side as far downwards as possible, by which in all probability one or two more arterial twigs were divided than necessary. One advantage derived from this proceeding is the smaller amount of constriction from the twisting of the pedicle, which was the object M. Lisfranc had in view in recommending the prolongation of the incision. The case reported by M. Blandin proved, however, unsuccessful, the entire flap of the skin, which was to form the new nose, having become sphacelated on the second or third day after the operation. The results of this operation are at best very unsatisfactory, but when

its performance is required we recommend that the pedicle should be left as broad as possible, and as little separated from its connexions as is compatible with leaving the neck of the flap unconstricted by twisting.

Results of the Operation for Strangulated Hernia, by Boyer and Manec.—In the hospital practice of MM. Boyer and Manec, since the year 1833, fifty-eight operations for strangulated hernia have been performed, the results of which are interesting as regards the propriety of employing *taxis*. Thirty of these cases were operated upon by M. Boyer. From 1834 to 1839, M. B. did not proceed to the operation, till prolonged attempts at reduction had been made: during this period, *nine* cases were operated on, of which *eight* died and *one* recovered. From 1839 to 1843, he employed the taxis to a much more limited extent—*seven* cases were submitted to operation, of which *four* died and *three* recovered. From 1843 to 1846, he had almost entirely abandoned the use of the taxis, and out of *fourteen* cases on which he operated, *four* died and *ten* recovered. M. Manec, on the contrary, during the same time, placed little reliance on the taxis, and uniformly proceeded almost at once to the performance of the operation. The results of this practice were, that of *twenty-eight* cases operated on, *two* died, and *twenty-six* recovered.

The practical deduction to be drawn from these statistics is, that the employment of the taxis is productive of much harm. No statement, however, is made as to the results of the cases, which were successfully treated by the taxis. To judge fairly of the good or evil, resulting from the attempts at reduction, the entire number of cases of strangulated hernia admitted into the hospitals should be given: and we doubt not that in such an aggregate of cases, the number of recoveries would be greater, where the taxis is moderately and judiciously applied, than where the operation is uniformly at once performed.

The conclusions drawn by MM. Boyer and Manec are, first, that the operation for hernia, performed at an early period, and before symptoms of peritonitis have declared themselves, is almost free from danger; and 2d, that peritonitis never occurs subsequently to the operation, if it has not been present before its performance.—*Revue Medico-Chirurg. Feb.* 1847.

M. Kün's New Instrument for the Diagnosis of Tumors.—M. Kün, Professor of Physiology in Strasbourg, presented to the Medical Society of that city, an instrument, the application of which is likely to produce the most beneficial results in the diagnosis of various kinds of tumor. It consists of an exploring needle, having at its extremity a small depression with cutting edges. On plunging this instrument into a tumor to any depth, we can extract a minute portion of the tissue of which its various layers are composed. In this manner a microscopic examination of the tumor can be practised on the living subject, and its nature ascertained before having recourse to an operation. We have proved the utility of this method of diagnosis on three occasions, and seen conscientious practitioners renounce an operation previously determined on, when the cancerous nature of the tumor has been demonstrated by the microscope.—*L'Union Medicale*, 1 *Avril*, 1847.

MIDWIFERY.

"*Hydatiginous Ovum or Hydatid Placenta.—Dr. Malcolm* showed a beautiful specimen of uterine hydatids. The quantity of hydatids, expelled from the uterus in this case, was very great. Their expulsion was preceded for some days by watery and colored discharges. The mother had several children previously.

"*Dr. Moir and Mr. Woodhead* mentioned cases of hydatiginous ovum, which they had met with. In Mr. Woodhead's case, there had been more or less hemorrhage observed for four months preceding the evacuation of the hydatiginous mass.

"*Dr. Simpson* showed an old specimen of hydatid ovum, where the embryo was extremely small; not larger than a pea; and the placenta enlarged into a mass of hydatids and fibrine (decolorized blood) weighing thirteen ounces at the time of its expulsion. The patient reckoned herself gone beyond the full time of utero-gestation.

"*Dr. Simpson* stated it as his opinion that the hydatiginous ovum or hydatid placenta was a morbid state of a compound character. 1. The alleged hydatids were, no doubt, merely the enlarged villi of the chorion. So far the affection was a kind of *malformation* from arrest of development, the villi of the chorion remaining of their early embryonic type, and continuing to increase, and grow under this retained type of structure. But 2. the cells of the villi, constituting the hydatid placenta, appeared at the same time to be generally broken up in their internal tissues, and distended by a morbid accumulation of fluid. So far we have *disease* added to malformation; and dropsy co-existing with the hypertrophied state of these structures. It would be difficult to decide whether the dropsy stood in the relation of cause or effect to the malformation; or whether both were not the effects of some common cause."—*Lond. and Ed. Monthly Journal for May.*

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Two true Corpora Lutea in one Ovary—one Fœtus found.—Dr. Renaud presented an ovary containing two true corpora lutea, taken from the body of a woman who died of thoracic disease in her seventh month of pregnancy, and from whose uterus he had subsequently extracted the fœtus.

Each corpus luteum was fleshy-looking, and had a central radiating membrane. The corpora lutea were lobulated and enclosed between the proper ovisacs. The one was much larger than the other, yet each was sufficiently characteristic to prevent mistake.

During the seven months of pregnancy no unusual symptoms were experienced, and, although the uterus was closely examined, no traces of a blighted ovum could be found.

The decreased size of the bodies, in consequence of the advanced period of pregnancy, rendered them less satisfactory than could have been desired: they, however, had their value, and, if viewed in connexion with medical evidence in courts of law, were deeply interesting. If the leading distinctions between true and false corpora lutea, as recognized by some, and denied by others, were to be taken into consideration, and of the validity of which Dr. Renaud entertained no doubt, and whose opinions were already in print,* then the present case formed an exception to a general rule, most rare, and to the best of his belief the second only published, concerning the particulars of which there appeared to be no discrepancy.

Dr. Francis also brought forward an ovary in which was secreted a yellow body, in size about that of a pea, and which seemed to belong to the variety termed false, or menstrual, or periodical It was examined microscopally by Dr. Renaud, who found it to correspond with those bodies when about three weeks or one month old. The woman was for the nine months preceding death under the daily inspection of Dr. Francis, and during the entire of this period the catamenia had failed to appear. The preparation was brought before the society as an additional illustration, that these bodies are from time to time observed in the ovary, even when the outward evidences of menstruation are altogether awanting. It may be observed that twelve months had elapsed since the last childbirth.—*Lond. Med. Gaz.*

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Galvanism in Labor.—Dr. Simpson expresses the opinion that galvanism does not exert any influence either in originating or in increasing uterine action. The experiments which led him to this conclusion were made on six women, in whom he carefully noticed the duration of the labor-pains, and of the intervals between their recurrence. He next repeated his observations

* Monthly Journal of Medical Science, August, 1845.

with all the apparatus for galvanism prepared, but without establishing the contact; he then established contact, and lastly, renewed his observations after removal of the wires. From these experiments he infers that when uterine action has seemed to be excited by means of galvanism, this has either been a mere coincidence, or has resulted from the impression made on the mind, or been produced by the mechanical irritation of the os uteri, or of the surface of the abdomen by the conductors. These observations seem to have been made with great care, but can hardly, as yet, be allowed to outweigh the results made by Reil and Carus in their experiments upon animals, and the recent evidence in favor of the reality of the influence of galvanism afforded by some of the cases which Dr. Radford has recorded.—*Dr. West's Report on Midwifery.*

MATERIA MEDICA.

Sub-Valerianate of Bismuth.—Righini of Oleggio, has devised a mode of forming the sub-valerianate of bismuth, which he describes as serviceable in painful affections of the stomach, in some neuralgias, and in chronic palpitations of the heart.

It is made by dissolving metallic bismuth in nitric acid, with a small addition of distilled water, and then decomposing the nitrate so formed by the valerianate of soda, any excess of nitrate of soda being removed by valerianic acid. The valerianate being dried, is then reduced to powder, and preserved for use in a well-stopped bottle.—*Journal de Chémie* and *Gazette Médicale de Paris*, 13 Mars, 1847.

Nitrate of Strychnia, by external application, in certain forms of Gout.—Wendt recommends the nitrate of strychnia, in the form of ointment, in irregular gouty affections; for example, in gouty affections of the vertebral column, which, through the filaments of the great sympathetic, attack the chest, and give rise to symptoms imitating angina pectoris. The formula recommended is as follows:—Nitrate of strychnia 10 parts; axunge 8 parts: to be made into a perfectly homogeneous ointment, and applied by friction on the sides of the spine two or three times a day.—*Gazette Médicale de Paris*, 13 Mars, 1847.

Lime Water, in Chronic Inflammations of the Intestinal Canal.—M. Boisseuil insists on the great utility of lime water in various forms of chronic inflammation of the bowels, illustrating its beneficial effects by cases. In particular, he recites the case of a person, who, having suffered for six months under a chronic gastritis, had been subjected, without benefit, to many kinds of ordinary treatment, till he was put on the use of lime water, mixed with two-thirds of milk.—*Journal de Médecine de Bourdeaux*, and *Gazette Médicale de Paris*, 13 Mars, 1847.

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Died, at Paris, May 12th, aged 60, from malignant intermittent fever, M. Lisfranc, surgeon-in-chief of the Hôpital la Pitié.

At Berlin, aged 55, Prof. Wagner, of that University.

On the 4th May, at Tottenham, John Ramsbotham, M.D., in the 80th year of his age.

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ART. XXIII.—A Class Book of Botany, designed for Colleges, Academies, and other Seminaries. In two Parts. Part I. The Elements of Botanical Science. Part II. The Natural Orders. Illustrated by a Flora of the Northern, Middle, and Western States, particularly of the United States North of the Capitol, lat. 38° N. By Alphonso Wood, A. M. 2d Ed. Revised and Enlarged. Claremont, N. H. 1847. 12mo, pp. 645. - - - - - - - 239

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ART. XXVI.—The Half-Yearly Abstract of the Medical Sciences, etc. Edited by W. H. Ranking, M. D., etc. No. 5: Jan. to July, 1847. Philadelphia. Lindsay & Blackiston. 8vo. pp. 364. - - - - - - - *ib.*

ART. XXVII.—Experimental Researches on the Food of Animals and the Fattening of Cattle, with Remarks on the Food of Man; based on Experiments undertaken by order of the British Government. By Robert Dundas Thomson, M. D., etc. New-York. D. Appleton & Co., 200 Broadway. 242

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TO READERS AND CORRESPONDENTS.

Several articles crowded out of the present number, will appear in our next. The article on the Medicinal Plants of the State, by the Editor, will be concluded in the November number. Communications are again solicited from our friends and contributors in all parts of the country. Those of a practical character will always have the preference.

We would inform the Editors of the "Dublin Quarterly Medical Journal," the "London and Edinburgh Monthly," the "Medical Gazette," the "Medico-Chirurgical," the "British and Foreign Medical Review," and all others on our exchange list, that our Journal has been regularly sent to them, sometimes through the mail, and sometimes through the house of Messrs. Wiley & Putnam Hereafter our Journal will always be forwarded through Messrs. Wiley & Putnam, and all expenses paid to London.

We have received since our last, the following works :

Outlines of the Veins and Lymphatics, with Short Descriptions. Designed for the Use of Medical Students. By John Neill, M. D., Demonstrator of Anatomy in the University of Pennsylvania, etc. Philadelphia. Barrington & Haswell. 1847. 8vo., with plates, pp. 29. (From the Publishers.)

Our readers will recollect two works of a similar kind to the above, by the same author, on the Arteries and Nerves. The present is a work on the same plan, in which all the principal vessels are given, with the names upon or near them, so as to avoid the inconvenience of the usual mode of reference. We think it a very useful work for medical students, for whom it is chiefly designed, as being well calculated to facilitate their studies, and obtain a clear and concise view of the Nervous and Lymphatic systems.

Lectures on subjects connected with Clinical Medicine. By P. M. Latham, M .D., Fellow of the Royal College of Physicians, and Physician to St. Bartholomew's Hospital. 2d Ed. Philadelphia. Barrington & Haswell. 1847. 8vo., pp. 158. (From the Publishers.)

This work has been received at too late a period for an extended notice, which must be deferred till our next No. It has, moreover, already received a favorable notice in our pages ; in which we recommended it as one of the ablest and most useful works of the day. We know no treatise on practical medicine, which has higher claims on the attention of the profession than this, none which, if carefully studied, will prove more advantageous at the bed-side. It is classical in style, replete with facts, rich in illustration, sound in doctrine, and a legitimate product of the Hippocratic school of observation.

Circular of the Cortlandt County Medical Society, in relation to the Organization of a District Medical Association. (From Dr. Hyde.)

Report of Committee on Charity and Alms House, on the Medical Department of the Alms House Department. New-York. 1847. pp. 39. (From the Secretary of the Board.)

Catalogue of the Annual Announcement of the Willoughby Medical College of Columbus. 1847.

Annual Announcement of the Medical Department of Illinois College at Jacksonville, Illinois. Session 1847. pp. 8. (From Dr. James.)

Laws relating to the Public Health, the Quarantine, Duties of Pilots, etc., for the Port, Harbor, and State of New-York, etc. Published by order of the Health Commissioners. New-York. 1846. (Dr. Van Hovenburg.)

The Pennsylvania System of Prison Discipline Triumphant in France.—Philadelphia. 1847. 8vo., pp. 24. (The Publisher.)

Proceedings of the Ohio Medical Convention, held at Columbus, on the 18th of May, 1847. Columbus. 1847. 8vo., pp. 59. (From the President.)

Cases of Inhalation of Ether in Labor. By Walter Channing, M. D. 2d edition. 12mo., pp. 44. (From the Author.)

The Power of the Soul over the Body, considered in relation to Health and Morals. By George Moore, M. D., Member of the Royal College of Physicians. New-York. Harper & Brothers. 1847. 12mo., pp. 270. (From the Publishers.)

The American Practice Condensed, or the Family Physician, etc. By W. Beach, M. D. 8vo. New-York. 1847. pp. 800. (From the Author.)

Illustrations of Medical Botany, consisting of Colored Figures of the Plants affording the important articles of the Materia Medica, and Descriptive letter-press. By Joseph Carson, M. D., etc. Philadelphia. Robert P. Smith, 144 Chesnut street. 1847. 4to. (From the Publishers.)

The Half-Yearly Abstract of the Medical Sciences; being a Practical and Analytical Digest of the Contents of the Principal British and Continental Medical Works, published during the preceding six months, etc. Edited by W. H. Ranking, M. D., assisted by W. A. Guy, M. D., George Day, M. D., Henry Ancell, M. D., and W. Kirkes, M. D. No. V. From January to July, 1847. (From the Publishers, Lindsay & Blackiston, Philadelphia.)

An Analysis of Physiology; being a Condensed View of its most important Facts and Doctrines. Designed especially for the Use of Students. By John J. Reese, M. D., etc. Philadelphia. J. G. Auner. 1847. 12mo., pp. 314.

A Class Book of Botany; designed for Colleges, Academies, and other Seminaries. In two parts. Part I. The Elements of Botanical Science. Part II. The Natural Orders; illustrated by a Flora of the Northern, Middle, and Western States; particularly of the United States north of the Capitol. By Alphonso Wood, A. M. 2d edition. Revised and Enlarged. Claremont, N. H. 1847. 12mo., pp. 645.

Several other works received, will be noticed in our next.

The usual Periodicals have also been received.

Erratum.—Page 125, July No., for M. B. Brown, of Pitt county, read Dr. William B. Brown, etc.